

EXHIBIT A-2

Department Letter Head

Date

Mr./Mrs./Miss/Ms.  
Address  
City, State, Zip Code

Subject: Notification of Salary or Wage Overpayment

Dear \_\_\_\_\_:

This "Letter of Notification" informs you that you have been overpaid \$ \_\_\_\_\_. Enclosed with this letter of notification are the "Overpayment Worksheet" that shows the details of the overpayment and the "Response to Salary or Wage Overpayment Notice" that allows you to request a hearing to contest the indebtedness or to request that your overpayment be repaid using vacation or compensatory time credits that you have accumulated. If you are covered by a collective bargaining agreement that contains provisions for salary overpayment and wish to contest the amount of indebtedness, you will need to file a grievance pursuant to that agreement.

If you are a non-bargaining unit employee or a bargaining unit employee whose collective bargaining agreement does not contain a provision on salary overpayment, you are advised to respond to this letter immediately by completing the enclosed "Response to Salary or Wage Overpayment Notice". If you do not respond within fifteen (15) calendar days of the receipt of this letter, you have waived the right to a hearing and the amount of overpayment shall be deemed as established at \$ \_\_\_\_\_.

If you are a bargaining unit employee and your collective bargaining agreement contains a provision on salary overpayment, you will need to adhere to the grievance procedure timelines pursuant to your collective bargaining agreement if you wish to contest the determination of the amount of indebtedness. You will also need to complete the enclosed "Response to Salary or Wage Overpayment Notice" and return it within fifteen (15) calendar days from the receipt of this letter. Furthermore, since the amount of the overpayment is greater than \$1,000, the minimum amount of \$100.00 per pay period is currently being deducted

It is very important that you inform us of your intentions by completing the enclosed "Response to Salary or Wage Overpayment Notice" and return it to the Employing Department or Agency shown at the top of the notice. Please call \_\_\_\_\_ at \_\_\_\_\_ if you have any questions relating to this notice and the two enclosures.

Sincerely,

(Authorized Signature of Dept./Agency)

Enclosures

c: Union