



ACT
Government

Recovery of Overpayment and Authority to Deduct Form

The provisions of the Enterprise Agreement and the *Public Sector Management Act 1994* outlines the process for the Head of Service (or delegate) and employee where an overpayment has occurred. An overpayment is considered a debt to the Territory.

This form is sent to an employee by Shared Services Payroll where an overpayment has been identified and confirmed. This form is used for an employee to provide Shared Services Payroll with advice on how the overpayment debt will be repaid.

In most circumstances, if this form is not returned within 14 calendar days, recovery of the overpayment will begin at the rate of 10 per cent of the employee's gross fortnightly pay.

Further, in most circumstances, if a repayment arrangement with the employee has not been agreed to within 28 calendar days, recovery of the overpayment will begin at the rate of 10 per cent of the employee's gross fortnightly pay.

If the employee wishes to apply for a waiver of the overpayment debt, please see the *Application for Waiver of Overpayment*.

Please note that processing the recovery of an overpayment over more than two pay periods may attract Fringe Benefits Tax (FBT) liability for the Territory and impact your reportable income. For more information on this, please see the Tax Implications for Salary Overpayments factsheet.

Employee and overpayment details (Shared Services Payroll to complete)			
Family name:		Given names:	
Directorate:		Section:	
Classification:	AGS/Employee number:	Full-time/Part-time:	
Details of the overpayment: Over what period of time was the overpayment made:			
Gross (pre-tax) amount of overpayment The gross amount of the overpayment must be recovered if the overpayment is identified in a different financial year to when it occurred.			
Net (after tax) amount totals The net amount of the overpayment is recoverable if the overpayment is identified in the same financial year in which the overpayment occurred.			
Outline how the overpayment occurred:			
Current Leave Balances:		As at date:	
Annual Leave Balance:	Full-time LSL Balance:	Part-time LSL Balance:	
Directorate Bank Account details: <i>Note: please use your Surname and AGS number as a reference when making an EFT payment</i>			
Account Name:	BSB:	Account No:	
Employee to complete			
Name of employee's supervisor			
Repayment/recovery options			
Option 1: Repayment of overpayment in full		Option 2: Repayment of overpayment by instalments	
<input type="checkbox"/> In full by a single deduction from my pay on the next available pay day:		I agree to the repayment of the overpayment being made at 10% of my	<input type="checkbox"/> Yes <input type="checkbox"/> No

	gross fortnightly pay.	
<input type="checkbox"/> Immediately offset full amount against current Annual Leave balance (subject to payment in lieu of annual leave arrangements in relevant Enterprise Agreement)	I agree to the repayment of the overpayment being above 10% of my gross fortnightly pay (please specify)	per cent OR amount
<input type="checkbox"/> Immediately offset full amount against current Long Service Leave balance (subject to Long Service Leave clause of relevant Enterprise Agreement)	If you do not agree to the repayment of the overpayment at 10% or above, please complete the <i>Application to Negotiate Recovery of Overpayment Form</i> to request a lower recovery rate and provide additional evidence for financial or other hardship.	
<input type="checkbox"/> Immediately offset full amount by utilising a combination of Annual and Long Service Leave balances as above.		
<input type="checkbox"/> In full via cheque/EFT. Please insert date the repayment will be made		
Employee Comments:		
<input type="checkbox"/> I understand that the overpayment may attract Fringe Benefits Tax (FBT) liability for the Territory and impact my reportable income and other consequences arising from the overpayment. <input type="checkbox"/> I agree to repay the overpayment I have incurred through the option I have selected on this form and where applicable, authorise the Territory to make deductions from my pay (or leave balance) as specified by me.		
Signature:		Date:
Shared Services Payroll Use Only		
Is further information needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Processed? <input type="checkbox"/> Yes <input type="checkbox"/> No Pay day:
Employee advised by Shared Services Payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor advised by Shared Services Payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Name:		Position Title:
Signature:		Date: