



Application to Negotiate Recovery of Overpayment Form

Under the provisions of the Enterprise Agreement and the *Public Sector Management Act 1994*, where the Head of Service (or financial delegate) has determined that an overpayment has occurred, the Head of Service and employee must negotiate a repayment arrangement. An overpayment is considered a debt to the Territory.

The form is to be used when an employee would like to negotiate with the directorate about the rate of recovery below 10 per cent of the gross fortnightly pay and where further evidence of financial and other hardship is provided. This form must be signed by the applicant and financial delegate and may be signed by the employee's supervisor.

In most circumstances, if a re-negotiated rate to recover the overpayment has not been agreed to within 14 calendar days, recovery of the overpayment will begin at the rate of 10 per cent of the employee's gross fortnightly pay.

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

Employee to complete		
Family name:		Given names:
Directorate:		Section: Tel (work):
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 your overpayment A gross overpayment must be recovered if the overpayment occurred in a different financial year to when it is identified.		
Net (after tax) amount totals A net overpayment is recoverable if the overpaid monies are being recovered in the same financial year in which it is identified.		
Annual Leave Balance:	Full-time LSL Balance:	Part-time LSL Balance:
Outline how the overpayment occurred:		
Has a waiver been requested or approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please select: <input type="checkbox"/> Full waiver <input type="checkbox"/> Partial waiver
If there is a remaining amount after a partial waiver, what is this amount?		
Repayment/recovery of overpayment by instalments		
<input type="checkbox"/> At _____ per cent per fortnight of gross salary through the payroll system	Commencing pay day _____ over: _____ period of time OR <input type="checkbox"/> Until the overpayment is repaid.	
<input type="checkbox"/> By instalments of \$ _____ per fortnight from gross salary through the payroll system	Commencing pay day _____ over: _____ period of time OR <input type="checkbox"/> Until the overpayment is repaid.	
<input type="checkbox"/> By instalments made via cheque or EFT of \$ _____ per fortnight	Commencing pay day _____ over: _____ period of time OR <input type="checkbox"/> Until the overpayment is repaid.	
Offset some of the overpayment against leave entitlements		

Note that where the leave credits are taken without any tax withheld, this would result in a resulting debt waiver fringe benefit.	
<input type="checkbox"/> Immediately offset amount against current Annual Leave balance	<input type="checkbox"/> Immediately offset amount against current Long Service Leave balance
Outline your circumstances to explain the repayment/recovery of the overpayment by instalments including financial circumstances, any hardship or other relevant circumstances (please provide necessary information or additional evidence to support your application). This will allow the delegate to give consideration to this request.	
<input type="checkbox"/> I understand that I am negotiating the recovery/repayment of an overpayment and debt owed to the Territory. The information in this application is correct and accurate. <input type="checkbox"/> I understand that the overpayment may attract Fringe Benefits Tax (FBT) liability to the Territory and impact my reportable income and other consequences arising from the overpayment. <input type="checkbox"/> I understand that the rate of repayment may be reviewed in consultation with me upon any increase in salary due to promotion, long term temporary transfer at a higher level and wage rises.	
Signature:	Date:
Delegate to complete	
Comments:	
Is further information needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application supported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide comments: Having considered the employee's application and their circumstances, please outline the repayment arrangement that Shared Services Payroll should process: Instalments of \$ per fortnight from net salary OR per cent of gross salary per fortnight from net salary through the payroll system commencing pay day . Period of instalments: Over period of time OR <input type="checkbox"/> Until the overpayment is repaid.	
Employee advised of the decision by the delegate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Position Title:
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
Employee notified by Shared Services Payroll of the outcome? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Name:	Position Title:
Signature:	Date: