Dr. Jorge O. Ayala, *Superintendent*

PAYBACK FROM EMPLOYEE FOR PAYROLL OVERPAYMENT CALCULATION

EMPLOYEE NAME: _____ PERIOD OF OVER PAYMENT:

EMPLOYEE SS#: _______________ _________ THRU _________

DATE OF PAYBACK: _______________ THRU _______________

PAYBACK BY: _____CK _____CASH _____VOL-DED

Single Payment of $ _____ Monthly Payments of $ _____

A. ORIGINAL GROSS PAID PER PAY510 _____

B. LESS ACTUAL GROSS DUE PER PAY510 (_____)

C. EQUALS GROSS OVERPAID (OASDI/MEDI GROSS) _____

D. Gross Line (C) x Ret. Factor _____ = RETIREMENT GROSS _____ x Retirement **%**

LESS RETIREMENT OVERPAID

STRS _____% (_____)

PERS _____% (_____)

APPLE VOL-DED #8400 _____% (_____)

E. LESS OASDI/MEDICARE OVERPAID

(GROSS LINE (C) X 6.2% OASDI (_____)

(GROSS LINE (C) X 1.45% MEDICARE) (_____)

F. LESS VOL-DED OVERPAID (Not including Apple)
(Complete only if original Vol-Ded warrant is cancelled before mailing.)

1. _____ $ _____

2. _____ $ _____

3. _____ $ _____

4. _____ $ _____ (_____)

G. EQUALS NET DUE FROM EMPLOYEE _____

YOU MUST ATTACH COPIES OF PAY510 FOR THIS TO BE PROCESSED BY BMAS (ONE SHOWING ORIGINAL GROSS PAID AND ONE SHOWING ACTUAL GROSS DUE.) ALSO ATTACH COPY OF REPAYMENT BY EMPLOYEE. **(FIT AND SIT WILL NOT BE ADJUSTED.)**

DISTRICT AUTHORIZED SIGNATURE: _____ DATED: _____

Form #PR010
Revised: 2/01
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