

[Company Name]
[Department/Human Resources]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Address]
[City, State, Zip Code]

Subject: Notice of Medical Leave Benefit Overpayment

Dear [Employee Name],

We are writing to inform you that an audit of your payroll records has identified an overpayment regarding your medical leave benefits for the period of [Start Date] to [End Date].

The overpayment occurred due to: [Reason for overpayment, e.g., administrative error, duplicate payment, or adjustment in leave dates].

Overpayment Details:

- Gross Amount Paid: \$[Amount]
- Correct Benefit Amount: \$[Amount]
- **Total Overpayment Amount to be Recovered: \$[Total Amount]**

To resolve this balance, we propose the following repayment option(s):

- One-time payment in full by [Date].
- Installment plan via payroll deduction of \$[Amount] per pay period starting [Date].

Please review this information and contact the [Human Resources/Payroll] department at [Phone Number] or [Email Address] by [Deadline Date] to confirm your preferred repayment method or to discuss any questions regarding this calculation.

If we do not hear from you by the date above, we will proceed with recovery via [Default Recovery Method].

Thank you for your prompt attention to this matter.

Sincerely,

[Name]

[Title]

[Company Name]