

Date: [Insert Date]

To: [Employee Name]

[Employee Address]

[City, State, Zip Code]

RE: Notice of Overpayment and Demand for Repayment

Dear [Employee Name],

Records indicate that your employment with [Company Name] ended on [Separation Date] following your failure to return from your leave of absence which began on [Leave Start Date].

This letter serves as a formal notification that an overpayment was made to you in the amount of \$[Total Amount]. This overpayment occurred due to the following reason(s):

- [Itemize: e.g., Unearned salary paid after leave expiration]
- [Itemize: e.g., Employer-paid health insurance premiums during unpaid portion of leave]
- [Itemize: e.g., Advanced vacation/sick leave hours used but not accrued]

According to company policy and [Optional: State/Federal Law], employees who fail to return to work for at least 30 days following a leave of absence are responsible for reimbursing the company for these costs.

Total Amount Due: \$[Total Amount]

Please remit the full balance by [Due Date]. Payment can be made via the following method:

[Insert Payment Instructions: e.g., Check payable to Company Name, Online Portal Link, or Wire Transfer Info]

If you are unable to pay the full amount in one installment, please contact the Payroll Department at [Phone Number] or [Email Address] by [Date] to discuss a formal repayment plan.

Failure to resolve this matter may result in further action to recover the debt.

Sincerely,

[Your Name]

[Your Title]

[Company Name]