

[Employer Name]  
[Department/Address]  
[City, State, Zip Code]  
[Date]

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

**Subject: Notification of Workers' Compensation Leave Overpayment Adjustment**

Dear [Employee Name],

This letter is to inform you that an audit of your leave and payroll records has identified an overpayment regarding your Workers' Compensation benefits for the period of [Start Date] to [End Date].

The overpayment occurred due to: [Insert Reason: e.g., retroactive benefit award, overlapping leave credits, or clerical error].

**Overpayment Details:**

- Total Gross Overpayment Amount: \$[Amount]
- Date(s) of Overpayment: [Dates]

In accordance with [Company Policy/State Law], the company must recover these funds. We propose the following adjustment plan:

- [Option 1: Full deduction from the next paycheck scheduled for (Date)]
- [Option 2: Installment deductions of \$[Amount] over (Number) pay periods]
- [Option 3: Personal check or money order payable to (Company Name)]

Please review this information carefully. If you believe this calculation is in error, or if you wish to discuss an alternative repayment schedule, please contact the Payroll/Human Resources Department at [Phone Number] or [Email Address] by [Deadline Date].

If we do not hear from you by the date above, we will proceed with the adjustment as outlined.

Sincerely,

[Name]  
[Title]  
[Company/Department Name]

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**Employee Acknowledgement:**

I acknowledge receipt of this notice and agree to the repayment plan described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_