

[Date]

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

Subject: Notice of Benefit Overpayment

Dear [Employee Name],

We are writing to inform you that an audit of your payroll records during your Family and Medical Leave Act (FMLA) period from [Start Date] to [End Date] has identified an overpayment in the amount of \$[Amount].

This overpayment occurred due to the following reason: [Insert brief reason, e.g., processing error, overlapping disability payments, or incorrect leave hours applied].

Under company policy and federal guidelines, the company is required to recover funds paid in excess of your entitled benefit. We propose the following repayment options:

- **Option 1:** Full repayment via check or money order by [Date].
- **Option 2:** Payroll deductions in installments of \$[Amount] over [Number] pay periods, beginning on [Start Date].

Please sign and return the enclosed acknowledgment form by [Deadline Date] to indicate your preferred repayment method. If we do not hear from you by this date, the company will proceed with Option 2 as permitted by law.

If you believe this calculation is in error, please contact the Human Resources Department at [Phone Number] or [Email Address] to provide documentation for review.

Thank you for your prompt attention to this matter.

Sincerely,

[Name]  
[Title]  
[Company Name]