

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Department: [Insert Department]

Subject: Voluntary Repayment Agreement for Leave Overpayment

Dear [Employee Name],

This letter is to formally notify you that an audit of your leave balance has identified an overpayment. Due to [Insert Reason, e.g., processing error/unearned leave taken], you were paid for [Number] hours of leave that were not available in your balance.

The total gross amount of this overpayment is \$[Insert Amount].

In accordance with company policy, we are proposing the following voluntary repayment plan to recover these funds. Please review the options below and select your preferred method:

Option 1: Lump Sum Payment. I agree to a one-time payroll deduction of the full amount on the pay date of [Insert Date].

Option 2: Installment Plan. I agree to have \$[Insert Amount] deducted from my paycheck over [Number] consecutive pay periods, beginning on [Insert Date].

Option 3: Leave Balance Adjustment. I agree to have [Number] hours deducted from my future [Sick/Vacation] leave accruals until the overpayment is satisfied.

Please sign and return this agreement to the Payroll Department by [Insert Deadline Date]. If we do not receive a response by this date, the company may initiate the recovery process as permitted by local labor laws.

If you believe this calculation is in error, please contact [Insert Contact Person/Department] at [Insert Phone/Email] immediately.

Employee Signature: _____

Date: _____

Manager/Payroll Signature: _____

Date: _____