

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Authorization for Final Wage Deduction - Leave Overpayment

Dear [Employee Name],

This letter is to formally notify you regarding an overpayment of leave hours. Upon reviewing your final payroll records as of [Last Working Day], it has been determined that you have taken more paid leave than you had accrued during your period of employment.

Leave Balance Details:

- Total Leave Taken: [Number] hours
- Total Leave Accrued: [Number] hours
- **Total Overpayment:** [Number] hours

The total gross amount to be recovered is \$[Amount].

In accordance with company policy and your employment agreement, the company will deduct this amount from your final paycheck dated [Pay Date]. If your final wages are insufficient to cover the full balance, please contact the Payroll Department to arrange a repayment plan for the remaining amount.

Please sign and return this form to acknowledge your receipt of this notice and your authorization for this deduction.

Employee Acknowledgment:

I, [Employee Name], acknowledge the leave overpayment described above and authorize [Company Name] to deduct the sum of \$[Amount] from my final wage payment.

Employee Signature

Date

Sincerely,

[Your Name/HR Department]
[Company Name]