

To all Health and Human Services members;

If you received a **recoupment** letter to submit payment by December 10, 2007 and you are not clear or feel that you do not owe the amount, Check "Option 3" and Check "request for appointment with a district recoupment representative".

Very important, if you received a recoupment letter for \$5,000.00 or more you need to submit this information so you can be scheduled for an appointment before January.

Hattie McFrazier, Director

## EMPLOYEE OPTION SELECTION FORM

**INSTRUCTIONS:** Please print clearly. For all options, complete and fax this form to 1-800-721-4530 as soon as possible and no later than **November 26, 2007**. To submit payment, send the check or money order made out to Los Angeles Unified School District along with a copy of this form via School Mail to Attention: Payroll Services Branch- Recoupment or by U. S. Mail to LAUSD - Payroll Recoupment, P.O. Box 515247, Los Angeles, CA 90051-6547 by **December 10, 2007**.

Employee Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

LAUSD E-Mail: \_\_\_\_\_

LAUSD e-mail will be the primary means of communications regarding the recoupment process. You may provide other contact information below.

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Optional Alternate E-Mail Address: \_\_\_\_\_

### Select Option for Repayment:

I have been informed that the District has overpaid me during calendar year 2007. I am electing the following option for repayment. (Refer to the Notification of Salary Overpayment letter accompanying this form for more complete descriptions.) I have been advised to speak with my tax advisor regarding the possible tax consequences of my choice.

Check one option:

\_\_\_\_\_ **Option 1:** I agree to repay the District determined net amount minus \$250 by 12/10/07.

If the adjusted net repayment amount is \$200 or less, the District will recoup by deduction on the December 5<sup>th</sup> paycheck unless you notify us by 11/26/07 that you will pay by check.

Check here: \_\_\_\_\_ I will repay the overpayment amount of \$200 or less by check.

\_\_\_\_\_ **Option 2:** I agree to repay the amount of \$\_\_\_\_\_ by 12/10/07 and I dispute the balance.

\_\_\_\_\_ **Option 3:** I choose to take no action at this time.

\_\_\_\_\_ **Option 4:** I request assistance with a repayment plan.

### Request for Appointment with District Recoupment Representative:

\_\_\_\_\_ I have selected Option 2, 3, or 4 above and wish to schedule an appointment to meet with a District recoupment representative. I understand that priority will be given to those with the largest overpayment amounts. I understand this appointment may not occur until after January 1, 2008.

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

**IMPORTANT:** The Customer Service Centers will NOT be able to assist employees with recoupment issues. Their focus will continue to be on providing service to employees who have been underpaid. You must use this form to request an appointment with the Recoupment Team.