«PER\_NO»

«DATE»

**Private & Confidential**

«TITLE» «FIRST\_NAME» «SURNAME»

«ADDRESS1»

«ADDRESS2»

«ADDRESS3»

«ADDRESS4»

«POSTCODE»

Dear «TITLE» «SURNAME»

# OVERPAYMENT OF SALARY

I write on behalf of your school in respect of the overpayment of salary of <<GROSS OVER PAYMENT VALUE>>£, which is currently in recovery.

As stated in previous correspondence, the current repayment plan is to be reviewed after six months, and I now write to propose a revised repayment plan as follows:

**Period of Deductions**: << >>

**Monthly Deduction Value**: <<£00.00>>

The repayment plan will be reviewed after six months, and you will be contacted prior to any changes. \*(*Remove if remaining repayment period is six months or less*)

Should you leave your current employment before the debit is repaid, then the amount outstanding will be deducted from your final salary payment. If the amount outstanding is greater than your final salary payment, you will be invoiced you for any outstanding amounts.

The recovery of overpayments is covered by the Employment Rights Act 1996 and all employees should be aware that overpayments are recoverable on the grounds that they constitute public money and intended for the educational needs of Birmingham’s children and young people. Your co-operation toward achieving this is most appreciated.

It is against policy to cause financial hardship to employees and

if you believe you have exceptional circumstances please contact me on telephone number <<TEL>> by <<DATE>>. However, in such instances it is envisaged that repayment plans should not extend much beyond the period suggested by the content of this letter.

Please could you sign and return the attached form. However, if no response is received by <<DATE>> it will be deemed that you consent to the repayment plan, and it will be implemented automatically.

Should you have any queries relating to the overpayment, please contact me on telephone number <<TEL>>.

Yours sincerely

«Name»

**On behalf of «SCHOOL»**

**REPAYMENT OF OVERPAYMENT - DEDUCTIONS FROM SALARY**

Please sign and return the form to the address at the bottom of this form.

**Personal/Payroll Number**: << >>

**Name**: << >>

**Address**: << >>

**School**: << >>

I agree to have deductions taken from my salary in respect of repayment of an overpayment to the gross value of <<£0.00>> as follows:

**Period of Deductions**: << >>

**Monthly Deduction Value**: <<£00.00>>

Should I leave my current employment before the debit is repaid, I agree that the amount outstanding will be deducted from my final salary payment. If the amount outstanding is greater than my final salary payment, <<SCHOOL NAME>> may invoice me for any outstanding amounts, which I agree to repay.

**Signed:** **Dated:**

**RETURN FORM TO: <<ADDRESS>>**

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