

Prior Calendar Year Request for Refund Form (Agency)

Date: _____

From: _____ Phone: _____

Human Resources Representative or Payroll Officer

_____ **State Agency** _____

_____ **State Agency Address** _____

Employee ID _____ Employee Name _____ Agency Code _____

Period: _____
First Pay Period affected End Date (mm/dd/yyyy)
Last Pay Period affected End Date (mm/dd/yyyy)

Agency Portion:

SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
SHARE HCM Code:		Amount:	
		Total Amount:	

In order for this request to be processed, a copy of the applicable payroll deduction screen and spreadsheet must be attached.

Brief Explanation of Refund Request:

GSD policy requires the processing of refunds via Operating Transfer (OPR). Please enter the necessary financial information below for OPR processing.

Financial Agency Contact: _____ Phone Number: _____

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT CAT	PROJECT	ACTIVITY	SOURCE TYPE	ANL TYPE	BUD REF	CLASS	FUND AFFIL	AFF	DEBIT ENTRY	CREDIT ENTRY

If your agency has an OPR exemption, please fill out the necessary warrant information below.

Make Refund Payable To: _____
Agency Name

Address

City/State/Zip Code

EBB Approval: _____ Date: _____