



STATE OF WASHINGTON

DEPARTMENT OF CORRECTIONS

EMPLOYEE & BUSINESS SUPPORT SERVICES ADMINISTRATION

BUSINESS SERVICES

P. O. Box 41145 • Olympia, Washington 98504-1145 • Tel (360) 407-5700

Toll Free (800) 724-4149 • FAX (360) 586-6006

Date of Notice: 04/11/2023

Donicio Marichalar

[5]

Notice of Overpayment

The overpayment team is committed to providing you with the support you need to make the best decision possible through a respectful, clear, and transparent process. If you do not understand the information provided to you or the options available to you, please email the overpayment unit at docoverpayment@doc1.wa.gov.

Dear Donicio,

This is to notify you of an overpayment of wages between the pay periods of January 16, 2021, and November 15, 2022. The overpayment is due to late reporting of absences for which you had inadequate accrued paid leave resulting in leave without pay. Furthermore, a portion of the time frame encompassed is under investigation by the Washington State Auditor's Office ("Auditor"). The Auditor has not fully investigated this loss and reserves the right to conduct further investigation into this matter.

The gross amount of the wage overpayment is: **\$8,801.27**

This wage overpayment amount does not include Auditor's investigation costs for which you [Donicio Marichalar] will reimburse the Department of Corrections if further work is performed by

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the Auditor; or such other amount determined by the Auditor to be the total amount of the loss, plus the full amount of the Auditor's cost for investigation, if any.

This wage overpayment occurred in prior calendar years and in eleven (11) pay periods. By agreeing to a voluntary repayment plan the department can refund the amount of Social Security tax 6.2% and Medicare tax 1.45% resulting in a \$673.30 reduction to the total debt due. Because the department is issuing the refund, you may not claim a credit for these amount from IRS.

Overpayment Details

Pay Period Dates		LWOP HRS	Gross Overpayment
11/01/22	11/15/22	7.0	\$ 173.37
09/01/22	09/15/22	8.0	\$ 198.14
08/16/22	08/31/22	25.3	\$ 574.40
08/01/22	08/15/22	26.8	\$ 663.76
07/01/22	07/15/22	0.9	\$ 22.29
06/01/22	06/15/22	22.5	\$ 476.21
05/16/22	05/31/22	45.3	\$ 878.86
04/16/22	04/30/22	24.0	\$ 558.75
02/01/22	02/15/22	50.3	\$ 1,776.79
01/16/22	01/31/22	39.3	\$ 1,388.23
01/01/22	01/15/22	14.7	\$ 571.19
01/16/21	01/31/21	39.1	\$ 1,519.28
Total Gross Overpayment			\$ 8,801.27

See Teamster Local 117 Articles 9 and 32.20

You must do one of the following within 21 days after the date you receive this notice:

1. Agree to voluntarily repay the Department of Corrections \$8,127.97 (see voluntary repayment schedule options on next page) or,
2. Contact your union representative to file a grievance.

Failure to do one of the above will result in involuntary repayments over eleven (11) pay periods.

(Check one box)

Wage Deduction(s)	Cash	Check	
Voluntary Repayment Schedule Options			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One (1) payment of \$8,127.97
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten (10) payments of \$739.00 each and one (1) final payment of \$737.97
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twenty (20) payments of \$388.00 each and one (1) final payment of \$367.97
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thirty (30) payments of \$263.00 each and of (1) final payment of \$237.97
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thirty (40) payments of \$200.00 each and of (1) final payment of \$127.97

Any amount still outstanding upon separation will be deducted from your final pay.

By my signature I acknowledge and understand the statements and facts outlined in this notice and agree to the voluntary repayment schedule selected above.

00776382 | HS-3106

Signature

Date

Return signed agreement to the DOC Overpayment Unit

PO BOX 41145, OLYMPIA WA 98504-1145 | Campus Mail at Mail Stop 41145

Fax to (360) 586-6006 | Email to docoverpayment@doc1.wa.gov