

# Agency Refund Request Form

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 EndDate (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:	
		<b>Total Amount:</b>	

*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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HCA 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	PROJ. UNIT	PROJECT	ACTIVITY	ANALYSIS TYPE	OPER UNIT	BUD REF	CLASS	DEBIT	CREDIT

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

SHB Approval: \_\_\_\_\_ Date: \_\_\_\_\_