Payroll Repayment Forms

Payroll Repayment Forms

Required for the Payroll Compliance Group to:

- Finalize the Repayment
- Process the Journal Entry
- Apply appropriate credit amounts to the Employer

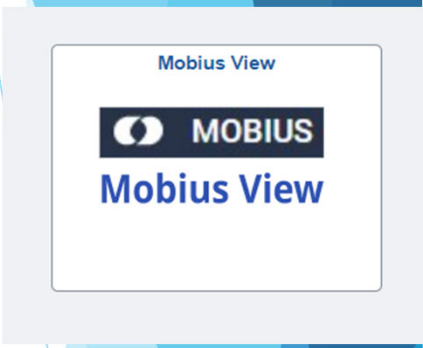
Payroll Repayment Form – When is it required?

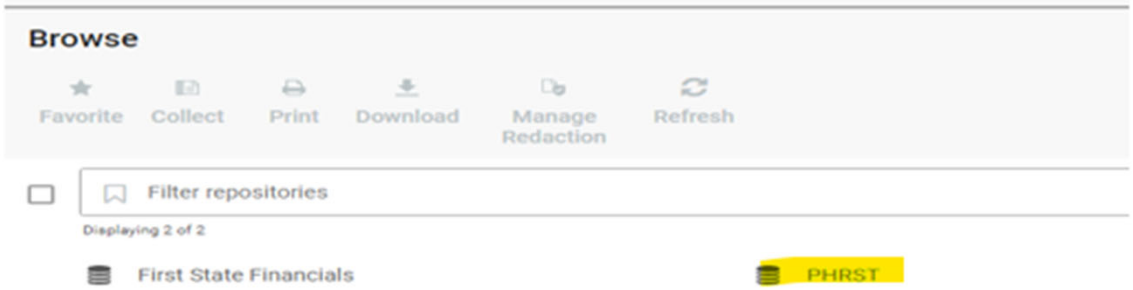
Current or Prior Year	Payment Type	Payroll Repayment Form Needed?
Current Year	Partial Amount Check/Money Order/Online Payment	Yes
Current Year	Full Amount Check/Money Order/Online Payment	Yes
Current Year	Payroll Reduction – WGR	**No**
Prior Year	Partial Amount Check/Money Order/Online Payment	Yes
Prior Year	Full Amount Check/Money Order/Online Payment	Yes
Prior Year	Payroll Deduction – PAYDUE	Yes

Every Pay Code that was originally overpaid needs to be accounted for, on the Repayment form, in **any** scenario listed above.

How to find the overpaid earnings codes?

- Reference the overpaid paycheck on the DPR007 – Mobius Report
- Log into PHRST and click on the Mobius View Tile
- Click “continue” upon receiving the warning message
- Click PHRST





Click reports and navigate to the
"DPR007 Payroll Expenditures by Employee" folder

Navigate to the date of *Pay confirm for the paycheck you are trying to obtain coding for – THE OVERPAID CHECK

*see appropriate system availability chart on PHRST extranet

Example: Overpaid Check 1/13/2023

Pay period end date 12/31/2022

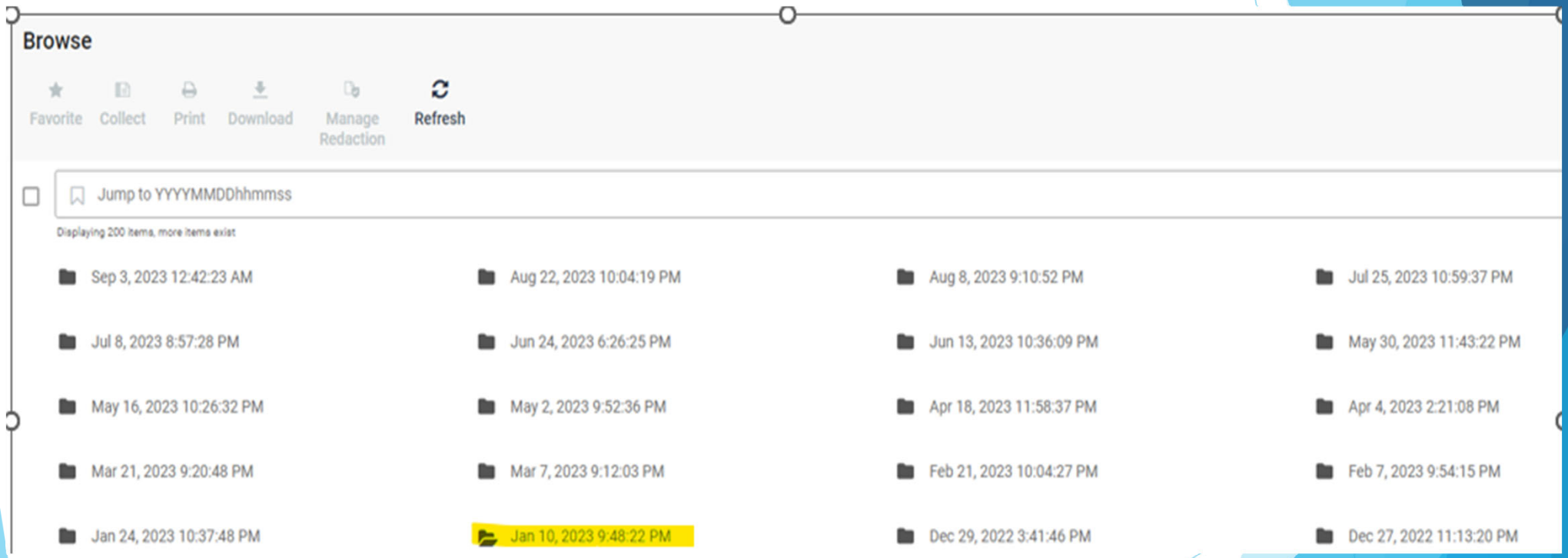
Pay confirm = 1/10/2023

Get an instant AI-powered summary whenever you open a document. Turn on auto-summary

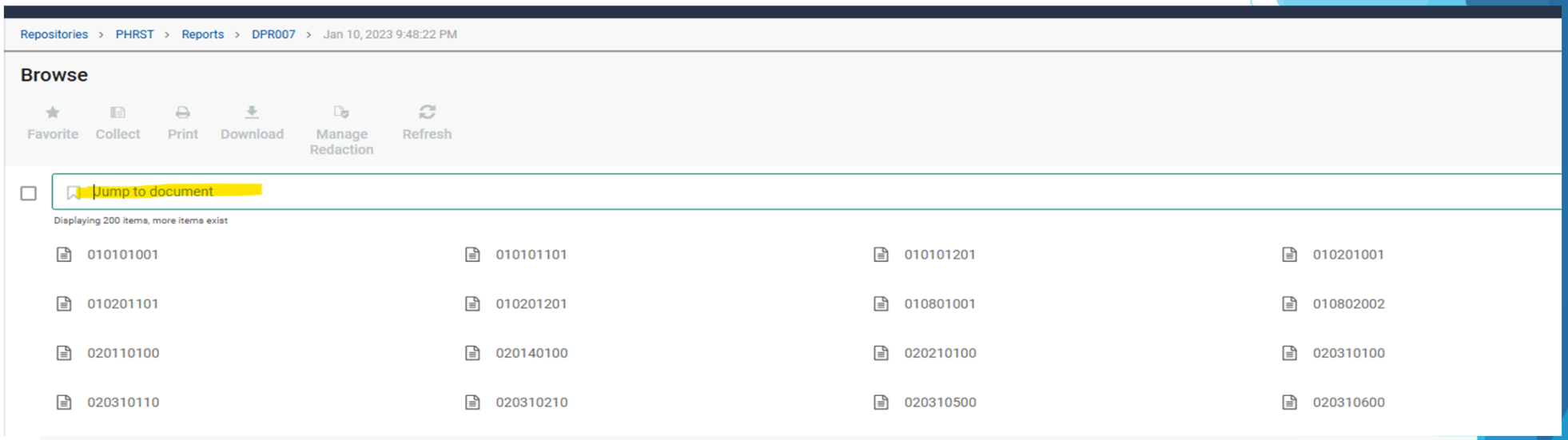
2023 PHRST SYSTEM AVAILABILITY

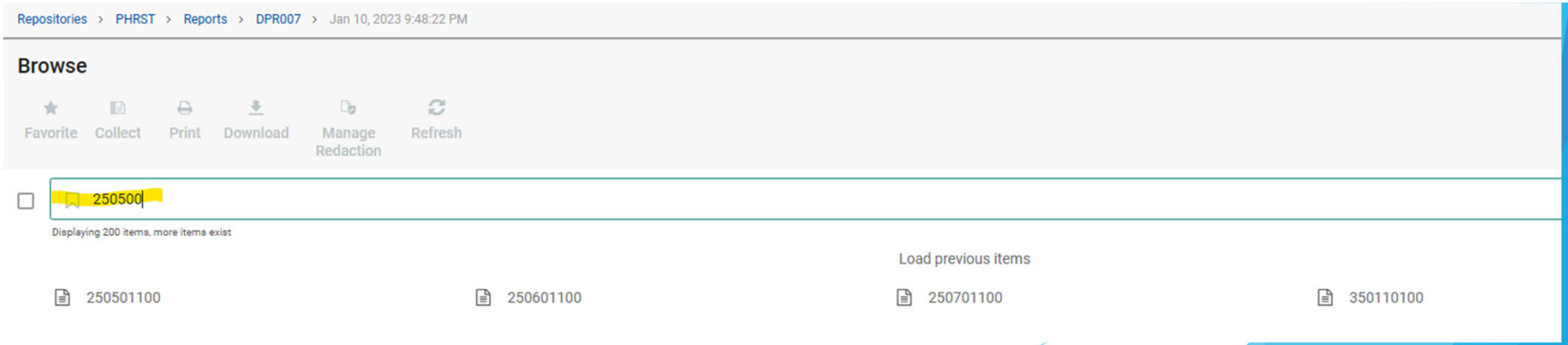
Check Date	Pay Period	Initial Paysheet Build	Benefit Refund & Adjustment Forms Due at 4:30 pm	eSTAR End of Period Process	Last Update Day Until Noon	Data Change Requests Due at 3:00 pm	Pay Confirm	System in View Only Mode Every Sunday and Dates Below
01/13/2023	12/18 - 12/31	12/29	01/03	01/04	01/09	01/09	01/10	01/10
01/27/2023	01/01 - 01/14	01/12	01/17	01/18	01/23	01/23	01/24	01/24

Click on the folder icon next to the pay confirm date to open it.

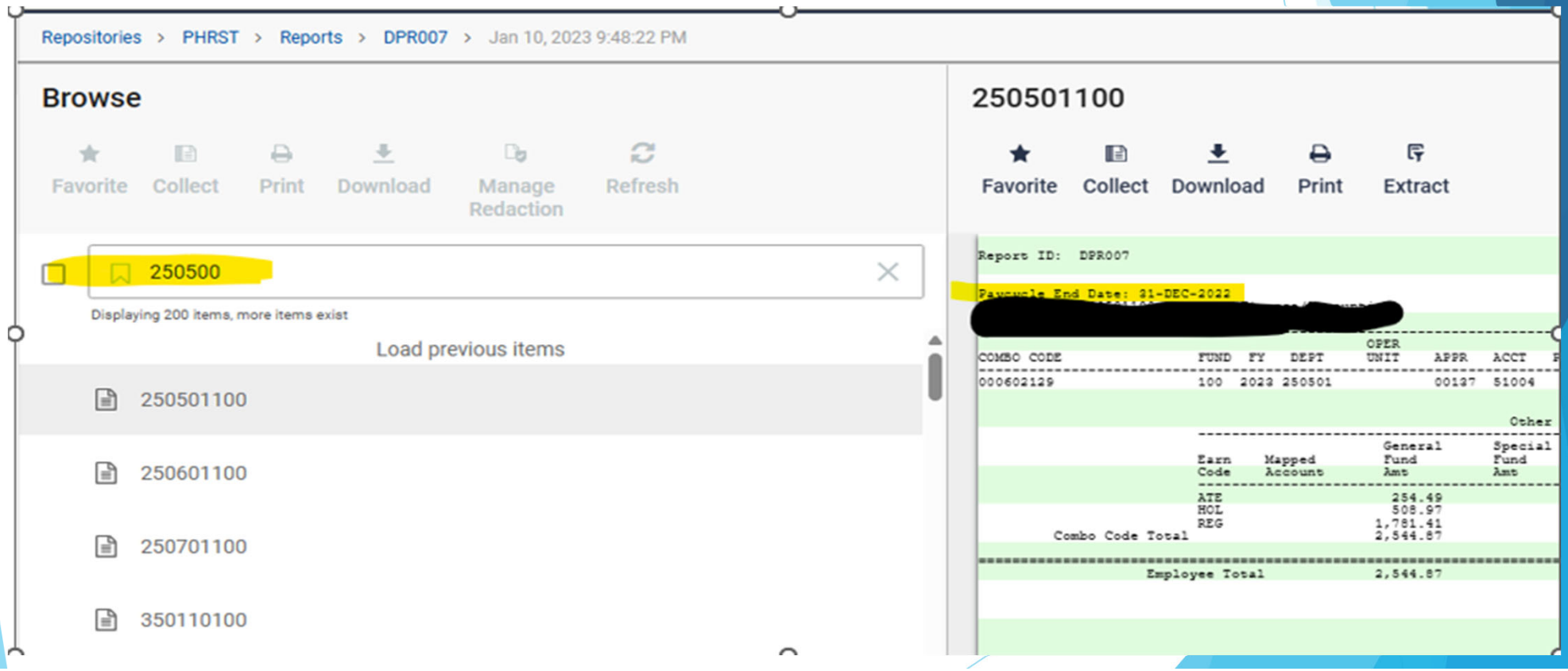


Enter in your Department ID (must be 6 digits) in the highlighted section below and hit ENTER





Once you enter your Department ID it will appear on the left-hand side AND it will show the pay cycle end date of the paycheck you are referencing on the right-hand side.



Next enter the Employee ID # you are searching for in the right-hand side (Find in Document)

*Notice Run Date is Pay Confirm Date

Extract

Find in Document

State of Delaware
Payroll Expenditures by Employee

Page No. 3950
Run Date 01/10/2023
Run Time 21:34:12

nting

OPER UNIT	APPR	ACCT	PROG	SCH LOC	PROJ	ACVTY	RES CAT
	00137	51004					

Other Employment Costs (OECs) and their Account

General Fund Amt	Special Fund Amt	Pension 52001	Health Insur 52002	Workers Comp 52005	OASDI 52006	Unemp Insur 52009	Medicare 52016	Nontaxable Benefits
254.49								
508.97								
1,781.41								
2,544.87		575.65		39.45	156.73	2.80	36.65	

For the EE below, paycheck date 1/13/2023 see line of funding to be used on PR form **EACH overpaid code must be included on the form

Example: EE was paid STE and had no leave thus an overpayment occurred the overpaid code and amount is STE= 125.64

250501100

Favorite Collect Download Print Extract

[redacted]

COMBO CODE	FUND	FY	DEPT	OPER UNIT	APPR	ACCT	PROG	SCH LOC	PROJ	ACVTY	RES CAT
000602129	100	2023	250501		00137	51004					

Other Employment Costs (OECs) and their Account

Earn Code	Mapped Account	General Fund Amt	Special Fund Amt	Pension 52001	Health Insur 52002	Workers Comp 52005	OASDI 52006	Unemp Insur 52009	Medicare 52016	Nontaxable Benefits
HOL		538.46								
REG		2,028.21								
STE		125.64								
Combo Code Total		2,692.31		609.00		41.73	162.72	2.96	38.06	
Employee Total		2,692.31		609.00		41.73	162.72	2.96	38.06	

Current Year Payroll Repayment Form

Each overpaid code must be listed!
The red boxes must be filled in before submitting.

Division of Accounting

Email completed form to: PCG.DOA@delaware.gov

Employee Name:		Preparation Date:	
Employee ID #:		Pay Period End Date (s):	
Employee Record #:		Paycheck Date (s):	
Organization (Name):		Prepared by:	
Dept ID:		Contact Phone:	
Authorized by:		Contact Email:	

mbo Code	Account 5-digits	Fund 3-digits	Dept 6-digits	Oper Unit 8-digits	Appr 5-digits	Bud Ref 4-digits	Program Code 5-digits	Sch Code 6-digits	PC BU 5-digits	Project ID 15-digits	DE Activity 10-digits	Analysis Type	Source Type	Category 4-digits	Earnings Code	Amount
												GLE				
												GLE				
												GLE				
												GLE				
												GLE				
												GLE				
															Total	$ -

Gross	FWT	SWT	Local	Pension	OASDI	PFC/QE	Medicare	Total Deductions	Net
								-	-

PCG Use Only:	Net	Employee OASDI	Employee Medi	Employer WC	Employer UI	Employer OASDI	Employer PFC/QE	Employer Medicare	Total	Gross/Net	CR#
									-		

Explaination: (Please Provide Details of how this overpayment occurred)

Deductions (other than Tax and Pensions)

Deduction Code	Amount
Total Deductions	$ -

nd of Spreadsheet

Current Year Overpayment

- Collects on Net Amount
- If EE is **paying the full balance AND through check**, the amounts for the Tax and Deduction sections will be found in Column C of the Approved Worksheet
- If the EE is **paying only part of the balance AND through check**, PCG will process the Tax and Deduction information only. All other orange fields are still required
- **Checked fields** for the Line of Funding are the **minimum required fields**, your org may have others
- Line of Funding required per Pay Code

Prior Year Payroll Repayment Form

Each overpaid code must be listed!
The red boxes must be filled in before submitting.

Prior Year Overpayment

- Collects on Gross amount
- The Taxes and Deductions sections do not need to be filled in for Prior Year payments
- **Checked fields** for the Line of Funding are the **minimum required fields**, your org may have others
- Line of Funding required per Pay Code

Division of Accounting

Email completed form to: PCG.DOA@delaware.gov

Employee Name:		Preparation Date:	
Employee ID #:		Pay Period End Date (s):	
Employee Record #:		Paycheck Date (s):	
Organization (Name):		Prepared by:	
Dept ID:		Contact Phone:	
Authorized by:		Contact Email:	

ombo Code	Account 5-digits	Fund 3-digits	Dept 6-digits	Oper Unit 8-digits	Appr 5-digits	Bud Ref 4-digits	Program Code 5-digits	Sch Code 6-digits	PC BU 5-digits	Project ID 15-digits	DE Activity 10-digits	Analysis Type	Source Type	Category 4-digits	Earnings Code	Amount
												GLE				
												GLE				
												GLE				
												GLE				
												GLE				
												GLE				
															Total	$ -

	Gross	FWT	SWT	Local	Pension	OASDI	PFC/QE	Medicare	Total Deductions	Net
									-	-

PCG Use Only:	Net	Employee OASDI	Employee Medi	Employer WC	Employer UI	Employer OASDI	Employer PFC/QE	Employer Medicare	Total	Gross/Net	CR#
									-		

Deductions (other than Tax and Pensions)

Deduction Code	Amount
Total Deductions	$ -

Explaination: (Please Provide Details of how this overpayment occurred)

nd of Spreadsheet

Example: EE was overpaid the ENTIRE check due to a late processed termination

Navigate to DPR007 to determine codes and amounts for PR form

State of Delaware
Payroll Expenditures by Employee

Report ID: DPR007

Page No. 36379
Run Date 06/09/2026
Run Time 23:51:01

Paycycle End Date: 30-MAY-2026
Department: 953200600 Red Clay School District
EmplID [redacted]

COMBO CODE	FUND	FY	DEPT	OPER UNIT	APPR	ACCT	PROG	SCH LOC	PROJ	ACVTY	RES CAT
010480603	100	2026	953200	99940200	00137	51166	95416	32-0529			

Other Employment Costs (OECs) and their Account

	Earn Code	Mapped Account	General Fund Amt	Special Fund Amt	Pension 52001	Health Ins 52002	DE Family Leave 52003	Workers Comp 52005	OASDI 52006	UI 52009	Medicare 52016	Nontaxable Benefits
	REG		2,883.75									
Combo Code Total			2,883.75		697.58	834.65	1.10	40.37	171.15	3.17	40.03	
010481801	270	2026	953200	9320529A	91068	51166	95417	32-0529				
	QLT	52015										7.66
	REG			2,430.06								
	ZFH	52002		80.00								
	ZOP	52002		42.15								
Combo Code Total				2,552.21	587.83		0.98	34.02	151.48	2.67	35.42	7.66
Employee Total			2,883.75	2,552.21	1,285.41	834.65	2.08	74.39	322.63	5.84	75.45	7.66

Need to make sure to use Mapped Account Codes

ALL OVERPAID PAYCODES MUST BE INDICATED ON PR FORM

Payroll Repayment Form

Completed Form if employee paid in full with one check using the previous slides lines of funding.

- EE and Org Information
  - **Mapped Accounts**
  - Line of Funding per code overpaid
    - Deductions
      - Taxes
  - Explanation of overpayment
- *If prior year OP Gross to net box does not need to be completed

Each overpaid code must be listed!
The red boxes must be filled in before submitting.

Division of Accounting

Email completed form to: PCG.DOA@delaware.gov

Employee Name:	EE NAME	Preparation Date:	DATE THE FORM IS BEING COMPLETED
Employee ID #:	EE 6 DIGIT ID#	Pay Period End Date (s):	PAY PERIOD END DATE (S) OF OVERPAYMENT
Employee Record #:	EE RECORD #	Paycheck Date (s):	PAY CHECK DATE (S) OF OVERPAYMENT
Organization (Name):	ORGANIZATION NAME	Prepared by:	PERSON COMPLETING THIS FORM
Dept ID:	6 DIGIT DEPT ID#	Contact Phone:	PHONE NUMBER OF PERSON COMPLETING THIS FORM
Authorized by:	PAYROLL SUPERVISOR	Contact Email:	EMAIL OF PERSON COMPLETING THIS FORM

Combo Code	Account 5-digits	Fund 3-digits	Dept 6-digits	Oper Unit 8-digits	Appr 5-digits	Bud Ref 4-digits	Program Code 5-digits	Sch Code 6-digits	PC BU 5-digits	Project ID 15-digits	DE Activity 10-digits	Analysis Type	Source Type	Category 4-digits	Earnings Code	Amount
010480603	51166	100	953200	99940200	137	2026	95416	32-0529				GLE			REG	$ 2,883.75
010481801	51166	270	953200	9320529a	91068	2026	95417	32-0529				GLE			REG	$ 2,430.06
010481801	52002	270	953200	9320529a	91068	2026	95417	32-0529				GLE			ZFH	$ 80.00
010481801	52002	270	953200	9320529a	91068	2026	95417	32-0529				GLE			ZOP	$ 42.15
												GLE				
															Total	$ 5,435.96

Gross	FWT	SWT	Local	Pension	OASDI	PFC/QE	Medicare	Total Deductions	Net
5,435.96	589.74	274.33		265.69	322.63	2.08	75.45	382.30	3,523.74

PCG Use Only:	Net	Employee OASDI	Employee Medi	Employer WC	Employer UI	Employer OASDI	Employer PFC/QE	Employer Medicare	Total	Gross/Net	CR#
									-		

Explaination: (Please Provide Details of how this overpayment occurred)

HOW DID THIS OVERPAYMENT OCCUR - INCLUDE ALL INFORMATION

Deductions (other than Tax and Pensions)

Deduction Code	Amount
MED01	$ 127.48
DENT11	$ 68.57
VIS01	$ 9.25
DC457R	$ 150.00
HCAR01	$ 27.00
Total Deductions	$ 382.30

PCG Email Box: PCG.DOA@delaware.gov

Helpful Links

- Payroll Compliance Group Policy and Procedures: https://accounting.delaware.gov/payroll_comp/policies.shtml
- Payroll Compliance Group Alerts: https://accounting.delaware.gov/payroll_comp/comm/alerts.shtml
- Payroll Compliance Group Bulletins: https://accounting.delaware.gov/payroll_comp/comm/bulletins.shtml
- OASDI/Medicare Rates:

  https://www.ssa.gov/policy/docs/quickfacts/prog_highlights/index.html
- Statewide Benefits Office:

  https://dhr.delaware.gov/benefits/