

**STATEMENT OF UNDERSTANDING  
LCTCS RECOUPMENT OF OVERPAYMENTS POLICY**

My signature below indicates understanding of the LCTCS Recoupment of Overpayments Policy. I understand that if overpaid, the overpayment may be recouped in a future pay period after notification from the agency, in according with the LCTCS policy.

I understand that should there be an outstanding overpayment from a prior state agency, t I must disclose this outstanding overpayment to the LCTCS at time of employment by the LCTCS and that, upon notification of such outstanding overpayment, the LCTCS is required to work with such prior state agency in recoupment of such outstanding overpayment.

I understand that I am required to work with the LCTCS on the recoupment of any overpayment while in active employment. I understand that should there be an outstanding overpayment by the LCTCS at time of future termination of employment, that I am required to work with the LCTCS, and any future state agency with which I am employed, in recoupment of any outstanding overpayment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature