



Office of the State Comptroller  
**PAYROLL BULLETIN**

<b>Subject</b>  New Involuntary Deduction Program for Recovery of Overpayment of Unemployment Insurance Benefits Paid to State Employees	<b>Bulletin No.</b>  P-630
	<b>Date</b>  November 14, 1989

An agreement between the New York State Department of Labor and Office of the State Comptroller implements a new involuntary deduction program for State employees for repayment of unemployment insurance benefits to which the employees were not entitled. The deduction codes assigned to this program are 433-Total Unemployment Insurance Owed and 434-Unemployment Insurance Number of Periods.

Agencies will be notified of overpayments directly from NYS Department of Labor, Unemployment Insurance Division with the attached form. Once the form has been received by the Payroll Office, an AC-1040 is to be submitted as follows:

1. Code 433 in a "Code" block, the total amount owed in the "Amount" block.
2. Code 434 in "Code" block with the number of periods in which the deduction is to be liquidated in the "Amount" block.

The Office of the State Comptroller calculates equal payments based on the number of payroll periods submitted. At the end of the designated number of periods, the deduction is cancelled automatically. If the agency is notified by the NYS Labor Department to cancel this deduction before the designated number of payroll periods, submit an AC-1040 with code 433 in a "Code" block and 0.00 in the "Amount" block. An employee may not cancel this deduction and the agency should only take action when instructions are received from the NYS Department of Labor or State Comptroller's Office.

Once this deduction is initiated and an employee is removed from the payroll and reappointed in the same agency or transfers to another State agency within the same calendar year the deduction will restart automatically. The deduction code will appear in the Miscellaneous Deduction Column, and as a total amount on the total page on the salary register.

The program will be effective Administration Period 19-L check dated January 3, 1990 and Institution Period 19-L check dated January 11, 1990. Questions regarding notification from Department of Labor should be directed to (518) 457-1520 as noted on the attachment. Any questions regarding payroll processing for this new program should be directed to Payroll Planning (518) 486-3068.

Attachment



NEW YORK STATE DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE DIVISION  
CLAIMS SERVICE SUBSECTION  
P.O. BOX 611  
ALBANY, N.Y. 12249-0468  
PHONE: (518) 457-1520

TO:

We have been advised by the Office of the State Comptroller that \_\_\_\_\_, Social Security Account Number \_\_\_\_\_ is a state employee currently employed by your agency. This employee received unemployment insurance benefits to which the employee was not entitled and still owes \$ \_\_\_\_\_.

Per Payroll Bulletin # \_\_\_\_\_ dated \_\_\_\_\_ please deduct a total of \_\_\_\_\_ over \_\_\_\_\_ payroll periods.

Please begin this deduction the payroll period ending \_\_\_\_\_ check dated \_\_\_\_\_.

If the employee is no longer on your payroll or if you are unable to begin this deduction on schedule, please advise this office immediately.

Please provide the employee with the attached copy of this letter.

Please direct all questions to Mr. Alan Wyckoff who can be reached at 518-457-1520.

Alan Wyckoff  
Office Supervisor