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 (PSORHH) (LRPRR)
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Employee , QIRUPDYRLRHS KLUG (PSOR\HHV :KR 5HFHLYHG 5HIXQG

\$ UHKLUG HPSOR\HH ZKR SDHYH WXFVDD WUHIFXWHSQV WFDQWK FXHQGDKWVDIWHU
 WKH GDWH RI UHKLUG SIDWR KIDW SDWPNOW DJUHH WR UHSD\ UHIXQG KCRB RQWULEXWLRQV L
 FRPPHFHSD\PSORWUDP ZLWKLQWUXUQLWJWU YLRIX ZCQJHYRFBIEONR WULJRW W
 UHFHLYH R UHDBLWUUYLFH QXUEHJLWUHDOWG)FR ULEVZMURHQFROOHFWHG

(03/2<((,1)250\$7,21	Employee Name (last, first, middle initial)	Employee Number	Job Record Number
	Street Address	Department ID	Social Security Number
	City, State, Zip Code	Date of Rehire	Date of Birth
	Personal email address	Office Telephone No.	Home Telephone No.
	Name & Address of Current Agency	Date of Refund	Refund Amount

\$(1&<6(&7,21	/LVW DOO SULRU VHUUYLFH GXULQJ ZKLFK 5HWLUHH +HDOWK)XQC		
	AGENCY NAME	FROM	TO
	REPAYMENT METHOD Lump sum, paid on _____ <input type="checkbox"/> installments of \$ _____ per pay period until end date	ADJOPE START DATE __ / __ / ____	ADJOPE END DATE __ / __ / ____

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 , DXWKRULJH WKH GHGXFWRQ RI WKH DERYH LQVWDOOPHQWV IURP I
 EHHQ SDLG LQ IXOO , XQGHUWUWV DQGRW KDDP SDQWV WVRUQ DGGLWLRQ WR FRQ
 5HWLUHH +HDOWK)XQG EDVHG RQ P\ FXUUHQW HPSOR\PHQW

Employee Signature		Date
\$(1&< &(57,)&\$7,21 , KHUHE\ FHUWLI\ WKDW DOO RI WKH LQIRUPDI DQG LV FRUUHFV		
Authorized Agency Signature	Title	Date
Agency Contact (Print Name)	Agency Contact Number	

\$JHELH ODLORPSORHGRP R28 (PSORHH) 8L &DSLWRO \$YHQX 7 +DUWIRUG
 (PDLO RVF RSHE#FW JRY



CO-1302



CO-1302

CO-1302 OPEB REPAYMENT OF PRIOR REFUND