FINAL LETTER TO FORMER STATE EMPLOYEE CERTIFIED MAIL RETURN RECEIPT REQUESTED

(Name) (Address)	
Dear:	
arrangements for a salary overpay Health and Human Services. This Department for the payment due in Failure to contact the office noted action being taken by the NC Attor	rearlier attempts to discuss settlement rement you received through the Department of letter is your final notification from the n the amount of \$ below within 30 calendar days will result in rney Generals office, NC Department of agencies to collect the monies due.
	must contact the (division/institution human le arrangements to settle the overpayment.
Your prompt attention to this ma	atter is appreciated.
	Sincerely,
	(Division/Institution Human Resources Mgr.)
cc: Assistant Payroll Officer Payroll Technician Human Resources Debt Colle	ction File