DEPARTMENT OF HEALTH AND HUMAN SERVICES OUTSTANDING SALARY OVERPAYMENTS																
							OUTSTANDING SA	LARY OVERPAY	MENTS							
							AS OF LAST DAY OF M	ONTH (Example	1 3/31/99)							
UNIT#		EMPLOYEE NAME	SOC. SEC.#	PAYROLL DATE	GROSS AMT.	NET AMT.	ORIGINATION OF OVERPAYMENT				SET-OFF DEBT	ATTY.GEN. OFFICE	COLLECTION AGENCY		DATE PAID	COMMITMENTS/COMMENTS
(Ex.3 51A		(Example 2)						(Ex. 4 1/1/99)	(2/1/99)	(3/1/99)				(Ex.5 \$100.00)		
		Bob Brick														
		Susan Damp														
					(Ex. 6) \$.00	(Ex. 6) \$.00									(Ex.6 4/1/99)	
															WRITE OFF	<(EXAMPLE 7)
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*EMPI OY	EES CURRENTI Y WORK	I NG WITH THE STATE OF NORTH CA	ROLINA, AGENO	IES WILL PURSUE												
		ROM THE AGENCY THE EMPLOYEE														
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