IDAHO
DEPARTMENT OF LABOR
BRAD LITTLE, GOVERNOR
JANI REVIER, DIRECTOR

REQUEST FOR WAIVER OF OVERPAYMENT

A request for waiver of overpayment must be received, or post marked, by the final date listed on the Determination of Overpayment form for the request to be considered as timely.

NAME: Claimant ID or last 4 of SSN: _____

ADDRESS: _____

CITY: ST: ZIP: _____

OVERPAYMENT AMOUNT: $ _____

I request that a Determination of Waiver be issued and that the following statements be considered in determining whether repayment of the overpayment will be waived.

An overpayment must have been caused solely by Department error or inadvertence **AND** made to a claimant who could not reasonably have been expected to recognize the error.

OR

The overpayment was a result of an employer misreporting wages earned in a claimant's base period **AND** the claimant could not reasonably have been expected to recognize an error in the wage reported.

The overpayment was caused by **Department error or inadvertence.**

You must answer BOTH questions to be eligible for a waiver of the overpayment.

1. Please explain how the overpayment was a result of Department error or inadvertence.

2. Please explain how you could not reasonably have been expected to recognize the error.

The overpayment was caused by an **Employer misreporting wages.**

You must answer BOTH questions to be eligible for a waiver of the overpayment.

1. Please explain how the overpayment was a result of an employer misreporting wages in your base period.

2. Please explain how you could not reasonably have been expected to recognize an error in the wages reported.

Claimant's Signature: _____ Date of Request: _____

Submit by: fax to (208) 639-3256, email to WaiverRequests@labor.idaho.gov or mail to Claim Center, 219 W. Main St., Boise ID 83735