

**PAID FAMILY AND MEDICAL LEAVE (PFML) –  
FAMILY CAREGIVING & QUALIFYING EXIGENCY LEAVE  
POTENTIAL OVERPAYMENT FORM**

<b>DHR-STW-Form #: DHR-STW-412.1-F</b>	<b>Revision Date: N/A</b>
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This form serves to inform employees of the Executive Branch agency who are filing a claim for Family Caregiving (FCG) or Qualifying Exigency (QE) Leave about potential wage overpayments that may occur after an FCG or QE claim is approved and outlines the procedures for addressing those overpayments.

### **PFML Eligibility and Supplementing Leave**

Employees may supplement the FCG or QE paid leave benefits with available and accrued leave in accordance with the specific leave policy or program's provisions, provided the total compensation does not exceed 100% of their average weekly wages.

### **Overpayment of Wages**

#### **While awaiting claim approval:**

While your FCG or QE claim is pending, you may request and be approved to use available and accrued leave to remain in a paid status and continue receiving your regular paycheck.

#### **When supplementing approved benefits:**

If you use available and accrued leave to supplement FCG or QE paid leave benefits and later receive retroactive FCG or QE benefits for the same period.

Overpayment may occur in the two scenarios mentioned above.

### **Recoupment of Overpayments**

Once FCG or QE leave benefits are approved and issued by the Delaware Department of Labor, Division of Paid Leave, any overpayment created by using accrued leave or while supplementing leave will be identified. In accordance with applicable Delaware Code, the paying Agency will deduct the overpaid amount from future paychecks to reconcile the discrepancy. You will be notified of the deduction and the total amount to be recouped. Failure to sign this acknowledgment may delay supplemental pay; recoupment will still proceed once an overpayment is identified and processed.

### **Acknowledgment**

By signing below, I acknowledge that I have received and read this form. I understand the FCG and QE leave supplement process and the procedures regarding overpayment and recoupment.

Employees Name	Employees Signature	Date
Human Resource Representative Name	Human Resource Representative Signature	Date

☐ By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

**A copy of this completed Form must be sent to the Agency HR.**