

SHARP Arrearage Exclusion Request

TO: Payroll Services

Fax # 785-291-3399

Attention: Carmen Waters

Agency #	Agency Name	Calendar Year

Listed below is the employee(s) the above noted agency is requesting be excluded from submission to the State of Kansas Set-Off program for the calendar year noted above.

	Employee ID	Employee Name	Deduction Code	Amount	Reason for Exclusion
1					
2					
3					
4					
5					
6					
7					
8					
9					

By signing this form, I hereby agree that the above noted agency is actively pursuing collection of the above noted debt(s). We, the Agency, understand that if the debt(s) is still outstanding as of the end of the following calendar year (has not been collected in full and/or a write-off request has not been submitted for approval) it will be submitted to the State Set-Off program for collection.

Agency Authorization	Title	Date
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Agency Contact	Phone Number
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