

WAIVER REVERSAL REQUEST

You may use this form to request that we reverse an overpayment waiver we granted you in an overpayment waiver determination letter. A request cannot be filed until a determination has been made.

Please note, **this form is not for requesting an overpayment waiver**. Use this form only to request a reversal of a waiver you already received but do not want.

*** Required Fields**

***Claimant ID#:** _____ ***First and last name:** _____

***Current mailing address:** _____

Phone #: (_____) _____ Email address: _____

***Letter ID#:** _____ (See the upper-right corner of your overpayment waiver determination letter for the Letter ID #)

One reversal request per Determination Letter received.

Interpreter needed

Preferred language: _____

If you already repaid this overpayment and we refunded you due to the waiver, you will owe us this money again.

* **By requesting this reversal of my overpayment waiver, I understand that I must repay the overpayment, including any refunded amount I might have received.**

Signature: _____

Print this page and submit once by fax or mail to the address listed below with any additional information you wish to provide. Visit your local WorkSource office if you need help faxing this request.