State of Kansas Department of Administration Office of Accounts and Reports DA-181 (Rev. 10-2019)

## **SHARP Arrearage Exclusion Request**

TO: Payroll Services	Fax # 785-291-3	399 At	ttention: Carmen Waters
Agency #	Agency Name		Calendar Year
Listed below is the employee(s Kansas Set-Off program for th	s) the above noted agency is reque calendar year noted above.		from submission to the State of
Employee ID	Employee Name Code		Reason for Exclusion
1			
	· · · · · · · · · · · · · · · · · · ·		
4			
9			
debt(s). We, the Agency, unde	agree that the above noted agency strand that if the debt(s) is still ou and/or a write-off request has not collection.	tstanding as of the	end of the following calendar yea
Agency Authorization	Title		Date
Agency Contact	Phone Numbe	<del> </del>	