



## Judicial Branch Family Caregiving Leave & Qualifying Exigency Leave Potential Overpayment Form

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**Effective Date:** January 1, 2026

**Authority:** 19 Del. C. Ch. 37

**Related Policy:** JB-HR-26-002

**Supersedes:** Not Applicable

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### Introduction

This form serves to inform Judicial Branch employees who are filing a claim for Family Caregiving Leave (FCGL) or Qualifying Exigency Leave (QEL) about potential wage overpayments that may occur after a FCGL or QEL claim is approved and outlines the procedures for addressing such overpayments.

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### Section 1: FCGL and QEL Eligibility and Supplementing Leave

You may supplement your FCGL or QEL benefits paid by the Delaware Department of Labor, Division of Paid Leave with available and accrued leave in accordance with the specific leave policy or program's provisions, provided your total compensation does not exceed 100% of your average weekly wages.

### Section 2: Overpayment of Wages

While waiting for FCGL or QEL claim approval, you may request and be approved to use available and accrued leave to continue to be in a paid status and receive your paycheck, as normal. If you use available and accrued leave and later receive retroactive FCGL or QEL benefits for the same period, an overpayment may occur.

### Section 3: Recoupment of Overpayments

Once FCGL or QEL benefits are approved and issued by the Delaware Department of Labor, Division of Paid Leave, any overpayment created by supplementing leave will be identified. In accordance with applicable Delaware Code, the Judicial Branch will deduct the overpaid amount from your future paychecks to reconcile the discrepancy. You will be notified of the deduction and the total amount to be recouped. Your leave bank will also be adjusted accordingly. Failure to sign this acknowledgment may delay supplemental pay. A failure to sign this acknowledgement will not impede the Judicial Branch's recoupment of overpayments, which will proceed once an overpayment is identified and processed.

### Section 4: Request to Supplement (If Applicable)

Consistent with the Judicial Branch Family Caregiving Leave and Qualifying Exigency Leave Policy, I request to supplement my FCGL benefits or QEL benefits with my accrued leave as indicated below:

- ☐ Annual Leave in the following way: \_\_\_\_\_
- ☐ Sick Leave in the following way: \_\_\_\_\_
- ☐ Compensatory leave in the following way: \_\_\_\_\_

## Section 5: Acknowledgement

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

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Employee's Signature Date: \_\_\_\_\_

☐ Employee refused to sign

HR Representative's Name: \_\_\_\_\_

HR Representative's Signature: \_\_\_\_\_

HR's Signature Date: \_\_\_\_\_

If you choose to sign electronically, please use the following format: /s/Full Legal Name.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purposes of the Uniform Electronic Transactions Act, Chapter 12A, Title 6 of the Delaware Code 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 your HR Office.**