

OVERPAYMENT CALCULATION REQUEST

DATE: _____

EMPLOYEE NAME: _____ EMPLOYEE ID: _____
(PRINT LAST NAME, FIRST NAME)

DEPARTMENT: _____

REQUESTED BY: _____ PHONE: _____
(PRINT NAME)

SIGNATURE: _____
(DOCUMENTS WITHOUT SIGNATURES WILL BE RETURNED)

PAY PERIOD(S) AFFECTED: _____

REASON FOR OVERPAYMENT INCORRECT HOURS PAID (attach copy of revised timesheet) HOURLY RATE PAID: _____
(CHECK APPROPRIATE BOX)

INCORRECT HOURLY RATE USED Overtime Calc'd at _____

OTHER (SPECIFY BELOW) CORRECT RATE: _____

EXPLANATION OF OVERPAYMENT:

REQUIRED PAYROLL CORRECTION:

DATE	PAYCODE	ACTUAL PAY RECEIVED		SHOULD HAVE RECEIVED		DIFFERENCE OWED BY EE	
		HOURS	DOLLARS	HOURS	DOLLARS	HOURS	DOLLARS

PAYROLL USE ONLY

Revised timesheet received _____ Processed By: _____ Date: _____

HRMS Job Data updated _____ Audited By: _____ Date: _____