

# Overpayment Notification Form

(Please send completed form to Payroll, Thompson's University Center)

## Identification

UO ID \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle

Position \_\_\_\_\_ Suffix \_\_\_\_\_ E Class \_\_\_\_\_

Time Entry Org \_\_\_\_\_ Department \_\_\_\_\_ Year \_\_\_\_\_ Pay No \_\_\_\_\_

## Description of the Error

PRF or SEF submitted to the Payroll Office for the status change:    Yes    No

## Labor Distribution to Credit

Index	Fund	Org	Account	Program	Activity	Monthly \$	%

**Note:** Total Monthly \$ must equal Assigned Salary, and Total % must equal 100

## Overpayment Recovery

Correct Gross Pay \_\_\_\_\_      Difference to be Collected \_\_\_\_\_

Recover by:      Cash/Check      Payroll deduction even amounts from next \_\_\_\_\_ payroll(s)

## Payroll Office Use

	Gross	Pre Tax	Federal Tax	State Tax	SAIF	Retirement	SS/ME Subject	SS/ME Paid	Deducts	Net
Original										
Correct										
Overpmt										

Adjustment Processed Effective: \_\_\_\_\_      Initials \_\_\_\_\_

## Authorization

	Print	Sign	Phone	Date
Employee				
Prepared By				
Payroll Supvr.				