UNIVERSITY OF LOUISVILLE

OVERPAYMENT FORM

Form must be completed online, in ink, or typed. All photocopies or forms completed in pencil will be returned to the VP/Dean.

EmplID: _____

Employee Name: _____

Shaded Areas for Payroll Use Only

Pay Period End Date of Overpayment: _____

Payroll Reason Code: _____

Pay Group: _____

Amount To Paid Back: _____

Overpayment Earnings Code: _____

Reason For Overpayment:

Please provide a detailed justification for this request.

Department ID: _____

Position Number: _____

Department Name: _____

_____
Signature of Requestor

_____
Date

_____
E-Mail Address

_____
Print Departmental Contact

_____
Please Print VP/Dean Name

_____
Signature of VP/Dean (Required)

_____
Date

Payroll Authorization