

## OVERPAYMENT ADJUSTMENT FORM

**1** *Fill in Name, Employee ID Number (5 digit) and Pay period to be adjusted*

Employee Name: \_\_\_\_\_  
 Employee ID #: \_\_\_\_\_ Adjustment Pay Period \_\_\_\_\_

AFSCME  
 ONA  
 Unclass Hourly  
 Student

**2** *Indicate the hours and pay codes the employee was paid.*

DATE	DAY	PAY CODE	HOURS	PAY CODE	HOURS	PAY CODE	HOURS	PAY CODE	HOURS

**3** *Indicate the hours and pay codes the employee should have been paid.*

DATE	DAY	PAY CODE	HOURS	PAY CODE	HOURS	PAY CODE	HOURS	PAY CODE	HOURS

**4** *This form must be signed by BOTH The Employee and the Department Director*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Contact: \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
 (please print)

Please fax completed form to Payroll Dept. Incomplete forms will be returned to the Department contact unprocessed.