Overpayment Certification
Biweekly

Time Sheet Organization HR_____

Employee Name	Banner ID	Period Covered	Employee Class	Position Number	Earn Code	Hours (if applicable)	Dollar Amount
(One Employee Per Page)							

FOAP (Funding does not need to be included on the late pay form unless it is different than the funding on the job record.)

% (Lines must equal 100%)	Fund	Org	Account	Program

Prepared by_____   Phone _____   Date_____
　　　　　　　　(Print Name)

Authorized by:_____   ☐ EPAF has been approved by ALL users
　　　　　　　(Dean or Director Signature)

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