

Request for Overpayment Calculation

Date _____

Employee Name _____ Banner ID _____

Department Name _____ Time Keeping Location _____

Time Keeper Name _____ Phone number _____

TK email _____

Pay Period _____ Job/Position Number _____

Reason employee was overpaid _____

FOAP for charging \$100.00 overpayment fee _____ 70845 _____

Date corrected EPAF processed _____

Department Head (printed) Department Head (signature)

Dean/Director (printed) Dean/Director (signature)

NOTE: This form must be signed by the Department Head and Dean not an authorized signer for them.