Auburn University
Overpayment Certification

Time Sheet Organization <u>**HR**</u>_____ (Only one per form)

Employee Name	Banner ID	Period Covered (Enter dates)	E Cls	Position Number	Amount Overpaid	No. of Hours	Fund	Orgn	Acct	Prog

Prepared by:_____ **Phone extension:**_____ **Date:**_____

Authorized by:_____ **(Department Head)**