



# OFFICE OF HUMAN RESOURCES NOTIFICATION OF OVERPAYMENT

To: Office of Human Resources  
Payroll - Controller's Office

\_\_\_\_\_  
Date:

From: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ N-Number \_\_\_\_\_ Status: \_\_\_\_\_

The above employee has a total gross overpayment of: \_\_\_\_\_  
Amount:

This occurred for the following warrant dates and corresponding overpayments:

_____ Warrant Date:	_____ Amount:	_____ Warrant Date:	_____ Amount:	_____ Warrant Date:	_____ Amount:
_____ Warrant Date:	_____ Amount:	_____ Warrant Date:	_____ Amount:	_____ Warrant Date:	_____ Amount:
_____ Warrant Date:	_____ Amount:	_____ Warrant Date:	_____ Amount:	_____ Warrant Date:	_____ Amount:

Has the employee been notified?  Yes  No      Has the employee returned the warrant(s)?  Yes  No

Has the employee and the Controller's Office agreed on a repayment plan?  Yes  No

Is a check attached?  Yes  No

\_\_\_\_\_  
Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office of Human Resources Use Only:**

The overpayment occurred due to (please check all that apply):

- Late PAF (Not received by deadline date)
- Late leave slip/LOA (Leave of Absence) request
- Department certified hours incorrectly
- Incorrect information on PAF
- Administrative error by OHR/Payroll
- Other

\_\_\_\_\_  
Signature of OHR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Controller's Office Use Only:**

\_\_\_\_\_  
Net Overpayment Amount:

Has the employee issued a check to the University for the full repayment amount?  Yes  No

The employee has entered into a payment agreement with the Controller's Office as follows:

Department Policy:

1. Employee MUST repay all overpayments regardless of who made the error.
2. A letter of request signed by an authorized departmental employee is required to process the overpayment.
3. Payroll will determine the net overpayment amount.
4. Repayment may be made in cash, personal check or money order payable to UNF.
5. Overpayments must be immediately repaid in full. Repayment plans will be considered on a case-by-case basis.
6. Overpayment must be collected and processed within the same calendar year. Serious tax implications will occur for the employee if not collected and processed within the same calendar year.

\_\_\_\_\_  
Signature of Controller's Office Representative

\_\_\_\_\_  
Date:

Attach repayment agreement and any supporting documentation. Send the original form and any supporting documentation to the Controller's Office. Provide a copy to the employee and the Office of Human Resources.

*To save a copy of this form to your computer, click the File menu at the top of your screen and select the Save as... command. Give the file a meaningful name, select a location on your computer for saving and click the Save button.*