



## Overpayment Acknowledgement & Wage Adjustment Authorization

Employee Name: \_\_\_\_\_ UID: \_\_\_\_\_

Department: \_\_\_\_\_ Job Rcd: \_\_\_\_\_ Add Seq: \_\_\_\_\_

Check Date(s): \_\_\_\_\_

Department contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pay Frequency:

\_\_\_\_\_ Biweekly (26 pay periods)

\_\_\_\_\_ Monthly (10 pay periods) \*could include summer session May-July

\_\_\_\_\_ Monthly (12 pay periods)

### Overpayment:

Total Gross Overpayment Amount \$ \_\_\_\_\_

Pay Period Adjustment Gross Amount \$ \_\_\_\_\_

Adjustments Begin \_\_\_\_\_ Number of Adjustments \_\_\_\_\_

### Employee Acknowledgement

*I acknowledge that Indiana University has overpaid me in the total amount of \$ \_\_\_\_\_ and I authorize Indiana University to adjust my wages and earnings via adjustment voucher(s) to reimburse the university for the overpayment. I understand the adjustment might alter my voluntary and involuntary payroll deductions. Adjustments will continue until the total amount of the overpayment has been repaid or I request to stop the adjustments in writing.*

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

Once signed by the Employee, the Department or Campus should maintain this form for three fiscal years following the fiscal year in which the overpayment adjustment(s) are discontinued.