


Overpayment Recovery Initiation Form

This form is used to notify Payroll Services of an overpayment to an employee resulting in excess net pay. Questions should be directed to payroll.services@okstate.edu

Employee Name: _____ Date: _____

CWID: _____ Fiscal Officer and Org: _____

Paycheck date of discovery of overpayment: _____ Pay period of overpayment: _____

Employee Status: _____ Contact Phone Number: _____

<u>Paycheck</u>		<u>Earnings</u>			<u>Original Gross</u>	<u>Correct Gross</u>	<u>Difference</u>
<u>Date</u>	<u>Position</u>	<u>Suffix</u>	<u>Code</u>				

Please be advised while filling out this form that the pay information in the box above must match the employee's PHICHEK information for the pay period in question. If you do not have access to PHICHEK, please email Payroll Services and request the information.

Reason for Overpayment:

Upon receipt of this form, Payroll Services will initiate a review of the information above and calculate the amount to be repaid by the employee. Payroll Services will email the employee (copy to the department contact) notification of the overpayment in information regarding options for repayment.

Please see the Underpayments and Overpayments Guide on payroll.okstate.edu.

NOTE: Please review the employee's leave and leave accrual for the pay period to determine if it is still valid or needs to be adjusted with a leave adjustment form (PPA for biweekly or MLA for monthly).

Approval

By signing below, I am certifying that the above information is correct, and the funds should be recovered by Payroll Services. I understand that IRS Regulations may require the overpayment be increased for employee taxes withheld if not repaid within the calendar year of the overpayment.

Fiscal Officer Signature _____ Date _____

Email to payroll.okstate.edu