

Route this form to:
 Payroll Services
 545 WBOB
 Phone: 612-625-2016
 Fax: 612-626-1053

U Wide Form
 UM 1554

Rev: 6/08

Overpayment Notification

Name	Empl ID
Dept ID & Entity	Employee Campus Phone #
Termination Date (if applicable)	Pay Period Ending (each pay period requires a separate form)
Company (check one)	<input type="checkbox"/> UMN <input type="checkbox"/> UNS <input type="checkbox"/> UMP <input type="checkbox"/> UMR

Reason for Overpayment

Describe Reason for Overpayment

Overpayment (List only the overpaid amounts – See instructions)

Rcd#	Job Code	Combo Code	Earn Code	Hourly Rate	Actual Hours	Salary Amount

Prepared By	Phone
E-mail Address	
Department Authorized Signature	Date

Attach copy of correspondence to the employee concerning the overpayment, AND Consent to Collection of Overpayment form. If the employee has terminated, Payroll Services will contact the former employee regarding the repayment method.

Employee e-mail address (if known)
Employee Mailing Address

OVERPAYMENT NOTIFICATION INSTRUCTIONS

The Overpayment Notification form, and attachments, is used to notify Payroll Services that an overpayment has occurred. Once received, Payroll Services staff will contact the department if there are any questions or follow-up required.

Each pay period requires an Overpayment Notification form to be completed.

If the overpayment was for the entire amount of the check and the payment was made by a hard copy check, please return the check with the form.

If the employee has terminated, please indicate the termination date, and most recent contact information on the form, and attach copy of correspondence with former employee. Payroll Services will contact the former employee for repayment.

Completed forms should be faxed to Payroll Services (612) 626-1053 or sent by courier or priority mail to Payroll Services, 1300 S 2nd St. Suite 545, Minneapolis, MN 55454

Questions may be directed to the HRMS/Payroll Call Center at (612) 625-2016.

COMPLETING THE FORM

Name:	Employee's primary name as it appears in People Soft.
Empl ID:	Employee's Empl ID
Home Address:	Employee's primary home address.
Employee Campus Phone #:	Employee's Campus Phone Number if still employed.
Dept ID & Entity:	Department ID and Entity Name as shown on the Empl Rcd #.
Termination Date (if applicable):	Employee's termination date if they have terminated.
Pay Period Ending:	Pay period of the overpayment.
Company:	Check the Company as it appears in People Soft for this record number.
Reason for Overpayment:	Complete this section with the information that explains the overpayment.
Overpayment section:	Enter only the portion overpaid in this section (what was paid less what should have been paid equals the overpaid portion). Enter the Rcd#, Job Code, Account, Earning Code, Hourly Rate and Actual Hours or Salary Amount.
Prepared By:	Indicate the name and phone number of the individual who completed the form.
Dept Authorized Signature:	To be signed by the authorized personnel within your department.
Employee Email and Mailing Address:	Provide the employee's email address, if known, and the mailing address for correspondence.