Office of Human Resources

UNIVERSITY OF MINNESOTA
Driven to Discover®

CONSENT TO COLLECTION OF OVERPAYMENT
Pursuant to Minnesota Statutes section 181.79

Multiple Pay Period Overpayment Pay Reduction

I acknowledge that I have been overpaid in connection with my employment, as described in the overpayment notification correspondence provided to me by the University. I authorize the University of Minnesota to reduce my gross pay as a result of such overpayment. I acknowledge that I was overpaid the sum of $_____, and that this overpayment occurred as a result of an inadvertent error or mistake and does not represent wages earned in connection with my employment.

I agree to repay the University of Minnesota the amount listed above through a reduction of my gross pay. I also agree that if I leave University employment prior to the repayment of the overpayment, I authorize the University to take the remaining amount due from my final pay.

As I was overpaid for multiple pay periods, I understand that the University is willing to collect the repayment over the same number of pay periods. By my signature below, I am requesting that the University reduce my gross pay in equal increments over the same number of pay periods for which I was overpaid, until the full overpayment has been collected. The reduction from gross pay is effective immediately upon the University's receipt of this authorization and will begin in the next available pay period.

Additional comments:

_____

_____

_____ _____
Employee Signature   Date

_____
Name (Please Print)   Employee ID

_____ _____
Phone Number   Email Address

Please return this form to your department at _____

Reduction Authorization - 2