

Office of Human Resources

UNIVERSITY OF MINNESOTA
Driven to Discover®

CONSENT TO COLLECTION OF OVERPAYMENT

Pursuant to Minnesota Statutes section 181.79

Single 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 voluntarily authorize the University to make the reduction to my gross pay in a single reduction from my next pay period. I also agree that if I leave University employment prior to the repayment of the overpayment, I authorize the University to take the amount due from my final pay.

I understand that the reduction from gross pay is effective immediately upon the University's receipt of this authorization and will occur 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 _____