



BACKUP FOR OVERPAYMENT

THIS FORM IS TO BE COMPLETED ONLY AFTER CONSULTATION WITH THE PAYROLL OFFICE

This form is used to **report** gross overpayment to the Payroll Office, and is for **calculation** and authorization of NET OVERPAYMENT

Use of this form requires employee to write a personal check back to UC REGENTS for the amount of NET OVERPAYMENT.

Once the Payroll Office has authorized this form, completed and approved form is **emailed back to Payroll in **PDF format**.**

DO NOT SEND ORIGINAL TO PAYROLL. ORIGINAL IS TO BE KEPT AT THE SHR TEAM / DEPT.

CODE HOURS/PERCENT EMPLOYEE WAS OVERPAID:

BUSINESS UNIT	EMPLID	EMPL NAME	EMPL RCD #	POSITION #	On a LNP	Pay Period End Dt	EARNs BEGIN DT	EARNs END DT	ERNCD	MO/BW	% OVP	OVP HRS ONLY	OVP \$ AMT	IF MONTHLY RATE ONLY	IF BW HRLY RATE ONLY
											MO	BW	FLAT RATE	NOT NEEDED FOR FLAT RATE	
SCCMP	12345678	First Last	0	87654321	Y/N	01312020	01012020	01312020	REG/LNP	MO/BW	0.1439	80.00	100.00	6000.00	25.00

EXPLANATION OF OVERPAYMENT: (MUST COMPLETE)

Please complete:

EMAIL PDF TO PAYROLL:

TO:

DATE _____

PAYROLL OFFICE
459-3702

FROM:

HR TEAM/DEPT.
FAX #

COMPLETED BY: _____
PHONE #