

LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB
7					



## 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

**These transactions are NOT entered into OPTRS**

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 FAXED TO THE PAYROLL OFFICE (please complete fax section below)

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

CODE HOURS/PERCENT **OWED TO EMPLOYEE** AS **LX** TRANSACTION(S):

LATE PAY/LEAVEADJUSTMENT (to add to prior period time - values entered here treated as positive entries)									REGULAR TIME			OVERTIME OR LEAVE TIME				
EMPLOYEE NAME EMPLOYEE ID NO.	TRANS CODE	PAY PERIOD END DATE MM DD YY	PAY CYCLE TYPE	ACCT DIST NO	TITLE CODE	RATE AMOUNT	A H	DESC SERV	TOTAL REGULAR TIME ON PAY STATUS	H %	DESC SERV	TIME IN HOURS	DESC SERV	TIME IN HOURS	W S P	
	LX		M							+					+	
	LX		M							+					+	

CODE HOURS/PERCENT EMPLOYEE WAS **OVERPAID** AS **RX** TRANSACTION(S):

REDUCTION IN PAY/LEAVE (to reduce prior period time; amount and/or time values are treated as negative values)									REGULAR TIME			OVERTIME OR LEAVE TIME				
EMPLOYEE NAME EMPLOYEE ID NO.	TRANS CODE	PAY PERIOD END DATE MM DD YY	PAY CYCLE TYPE	ACCT DIST NO	TITLE CODE	RATE AMOUNT	A H	DESC SERV	TOTAL REGULAR TIME ON PAY STATUS	H %	DESC SERV	TIME IN HOURS	DESC SERV	TIME IN HOURS	W S P	
	RX		M							-					-	
	RX		M							-					-	

**EXPLANATION OF OVERPAYMENT: (MUST COMPLETE)**

Please complete:

FAXED TO PAYROLL:

date \_\_\_\_\_ FAX # \_\_\_\_\_

TO: **PAYROLL OFFICE** **9-3702**

FROM: \_\_\_\_\_

HR team/Dept. \_\_\_\_\_ FAX # \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ PHONE # \_\_\_\_\_

CERTIFICATION	DATE	APPROVED BY	DATE

**Do not use shaded areas.**

RETN: ACCOUNTING-5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS

OTHER COPIES - 0-5 YRS

Updated 12/07

Original: HR Team/Dept.

Fax copy: Payroll Office