

Overpayment Acknowledgement & Wage Adjustment Authorization

To Be Completed by the Department or Campus:

Employee Name: _____ IUID: _____

Department: _____ Rec Nbr: _____

Check Date: _____ Check/Advice Nbr: _____

Department contact: _____ Phone: _____

Pay Frequency:

_____ biweekly – 26 pay periods

_____ monthly - 10 pay periods (could also include summer session payments May/June/July)

_____ monthly - 12 pay periods

Total Overpayment (Gross) amount \$ _____

Pay period adjustment (Gross) amount \$ _____

Adjustments will begin (Check Date): _____

To Be Completed by the Employee:

I acknowledge that Indiana University has overpaid me in the total amount of \$_____, and I authorize Indiana University to adjust my wages and earnings via adjustment voucher(s) to reimburse the university for the overpayment. I understand the adjustment might alter my voluntary and involuntary payroll deductions. Adjustments will continue until the total amount of the overpayment has been repaid or I request to stop the adjustments in writing.

Employee Signature

Date

Once signed by the Employee, the Department or Campus should maintain this form for three fiscal years following the fiscal year in which the overpayment adjustment(s) are discontinued.