

OVERPAYMENT WORK SHEET

Payroll Coordinator _____
 Phone _____ FAX _____
 Home Dept: _____
 Unit Code _____
 Name _____
 EID _____

Pay Pd Hrs	PPE Date	** Budget Number	Earn Type	Appt No	Dist No	Monthly Full Time Pay Rate	PAID		Should Have Been Paid		Difference (Overpayment)	
							Hrs	Gross	Hrs	Gross	Hrs	Gross
TOTALS												

** Will the budget be open during the repayment period? (check one)
 ** If no, please enter the new/correct budget number
 ** If federal budget, contact Marie Atienza at mta3@u.washington.edu

Yes: _____ No: _____

Reason for overpayment?

- | | | |
|---------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Unreported LWO | <input type="checkbox"/> Distribution not ended | <input type="checkbox"/> Earn type error |
| <input type="checkbox"/> Errors on 220 | <input type="checkbox"/> Changes to FTE% | <input type="checkbox"/> Wrong payrate |
| <input type="checkbox"/> Retro pay miscalculation | <input type="checkbox"/> Data entry error | <input type="checkbox"/> Wrong hours paid |
| <input type="checkbox"/> Appointment not ended | <input type="checkbox"/> Employee separated | <input type="checkbox"/> Other |

Notes