

Payroll Deduction Reimbursement Application Form

Employee Name

Employee ID

Department

Position/Title

Payroll Deduction Date

Type of Deduction

Reason for Reimbursement

Deduction Details

Description	Period/Date	Amount	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Reimbursement Amount

Employee Signature

Date

Manager/HR Approval

Date

Important Notes:

- This form is to be used strictly for payroll deductions requiring reimbursement due to error or adjustment.
- All details and supporting documentation must be provided for prompt processing.
- Submission of this form does not guarantee approval; review by HR/Manager is required.
- Incomplete forms may be returned unprocessed.
- Keep a copy of the completed form for your records.