

# Payroll Overpayment Reimbursement Claim

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

## Details of Overpayment

Period of Overpayment \_\_\_\_\_

Amount Overpaid \_\_\_\_\_

Pay Period(s) \_\_\_\_\_

Reason for Overpayment \_\_\_\_\_

## Reimbursement Method

Method Chosen: ☐ One-Time Repayment ☐ Installment Plan

Details (if Installment): \_\_\_\_\_

\_\_\_\_\_

## Declaration

I acknowledge and understand the above-mentioned payroll overpayment. I hereby authorize the company to recover the overpaid amount as stated. I confirm that all information provided is accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR/Payroll Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notes

- This document is a formal acknowledgment and agreement to repay payroll overpayments.
- Ensure all information is accurate and complete to avoid delays in reimbursement processing.
- Consult your HR or payroll representative if you have concerns regarding the overpayment calculation or repayment options.
- Keep a personal copy of the signed document for your records.