

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.