**Employee Acknowledgement of Payroll Overpayment**

I Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_I received an over payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_. I understand that I will need to reimburse the amount overpaid to Alabama A&M University Payroll Office. I have selected the checked option below to repay the ~~company~~ Alabama A&M University.

\_\_\_\_\_ Deduct the overpayment from my salary from next pay period.

\_\_\_\_ I will repay the overpayment with a cashier’s check or money order by the next payroll date and submit the receipt to the Payroll Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee signature                                                               Date