

## Overpayment Acknowledgement & Wage Adjustment Authorization

### To Be Completed by the Department or Campus:

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

Department: \_\_\_\_\_ Rec Nbr: \_\_\_\_\_

Check Date: \_\_\_\_\_ Check/Advice Nbr: \_\_\_\_\_

Department contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Frequency:

\_\_\_\_\_ biweekly – 26 pay periods

\_\_\_\_\_ monthly - 10 pay periods (could also include summer session payments May/June/July)

\_\_\_\_\_ monthly - 12 pay periods

Total Overpayment (Gross) amount \$ \_\_\_\_\_

Pay period adjustment (Gross) amount \$ \_\_\_\_\_

Adjustments will begin (Check Date): \_\_\_\_\_

### To Be Completed by the Employee:

*I acknowledge that Indiana University has overpaid me in the total amount of \$\_\_\_\_\_, and I authorize Indiana University to adjust my wages and earnings via adjustment voucher(s) to reimburse the university for the overpayment. I understand the adjustment might alter my voluntary and involuntary payroll deductions. Adjustments will continue until the total amount of the overpayment has been repaid or I request to stop the adjustments in writing.*

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

\_\_\_\_\_  
Date

**Once signed by the Employee, the Department or Campus should maintain this form for three fiscal years following the fiscal year in which the overpayment adjustment(s) are discontinued.**