



Payroll Department

310 Franklin Building
3451 Walnut Street
Philadelphia, Pa 19104-6284
215-898-6301 (Phone)
dofpayroll@pobox.upenn.edu

OVERPAYMENT CALCULATION REQUEST FORM

To: Payroll Department

From:

Re: overpayment

Date:

(Employee's name) _____, social security # XXX-XX - _____,

Check date of the overpayment _____

Gross pay that should have been paid by the paying department _____

Distribution line(s) that were overpaid

Hours	earning type	gross amount	account number
_____	_____	_____	___/___/___/___/___/___/___
_____	_____	_____	___/___/___/___/___/___/___
_____	_____	_____	___/___/___/___/___/___/___
_____	_____	_____	___/___/___/___/___/___/___

You must fill out one overpayment request form per employee per pay period.

This form must be filled out in its entirety or there will be a delay in processing your request.

If you have any questions, or concerns, please do not hesitate to contact me at _____ or email me at _____ Thank you for your prompt attention to this matter.