Penn

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

_____   _____   _____   _ _ _/_ _ _ _/_/_ _ _ _ _ _/_ _ _ _/_ _ _ _/_ _ _ _

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_____   _____   _____   _ _ _/_ _ _ _/_/_ _ _ _ _ _/_ _ _ _/_ _ _ _/_ _ _ _

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.