

PAYROLL OVERPAYMENT PROCEDURE

1. To initiate the overpayment process, the Overpayment Notification form must be completed by the departmental payroll coordinator and signed by the department head.
2. The Overpayment Notification form must then be forwarded to the appropriate Dean/Vice President for an approval signature.
3. The approved Overpayment Notification form must then be sent to Payroll Services, payroll-services@ouhsc.edu, for review and processing.
4. A fee of \$100.00 will be charged to the department for each pay period that is overpaid. This will be a journal posted once a month. Therefore, please give a copy of this form to your department accountant for reconciliations.
5. Once Payroll staff calculates the net amount due by the employee the departmental payroll coordinator will be notified. Departments should then send an official communication to the employee/previous employee explaining the overpayment and requesting payment to OUHSC, due immediately. A letter template can be provided by Payroll.
6. It is the department's responsibility to continue follow up on collections of the overpayment and updating Payroll. If payment is not received within 30 days Payroll will send a follow up letter to the employee. Also, if the payment is not received by the first week in December each calendar year, it will be a receipt in the subsequent tax year and therefore, due at gross amount.
7. Once collected, payment should be delivered to Payroll Services. Payroll will deposit the overpayment and process an off cycle payroll that will return the original funds to the department accounts while adjusting the employees W2 income.

OVERPAYMENT NOTIFICATION FORM

Requester: _____ Campus Phone #: _____

Payee Name: _____ Payee EMPLID: _____

Department: _____ Date of overpayment: _____

Department Contact: _____ Contact Phone: _____

Period Worked: _____ to _____ Overage Amount: _____

Payment Type (i.e., regular, additional, etc): _____

Please describe the overpayment: _____

Chartfield Spread for fee: **(REQUIRED)**

GL Acct	Fund*	Org	Function	Entity	Source	Purpose	Project
955900							

***Overpayment fee cannot be charged to SPNSR, EDWCH, or SP490.**

By signing, I certify that this is an overpayment and that my department will be assessed a \$100.00 service fee per pay period that was overpaid to be charged to the chartfield spread above. I understand that collection of this overpayment is the primary responsibility of the department in conjunction with Payroll Services.

Department Head Signature _____
Date

Dean/Vice President Signature _____
Date

<u>Payroll Services Department use ONLY</u>	
_____ Payroll Department Manager Signature	_____ Date
Payroll ID _____, _____, _____, _____	Total Fee: _____