

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
CENTRAL PAYROLL SERVICES
1855 FOLSOM STREET, SUITE 546, SAN FRANCISCO, CA 94143

This form addresses the information required for the Payroll Office to process earnings adjustments and credits to departmental accounts. Complete this form if there has been a salary overpayment and the employee will be reimbursing the University or if you are returning a check to be cancelled.

Request to Recover Overpayment

Employee Name: _____

Employee Number: _____

Overpayment **PRIOR YEAR**

Overpayment **CURRENT YEAR**

Reason:

Employee Separation Leave Without Pay Other (Explain) _____

Employee was overpaid for the following:

Pay Date(s):	Pay Period(s):
_____	_____
_____	_____

I am requesting an overpayment calculation: If you checked this box, please submit this form as an Email attachment to Central Payroll payrollprocessing@ucsf.edu **Note: Net calculation is only valid until December 1 of the tax year in which the overpayment occurred in.**

Cancel the attached payroll check (Send to Central Payroll, 1855 Folsom Street, Suite 546, San Francisco, CA 94143) **Note: Please do not void the payroll check and provide the appropriate RX(s) below.**

Please provide pay information for LX/RX transactions below (alt: complete [UPAY644DA](#))

Period End Date:		Title Code:	Rate:
Fund/DeptID/Project:			DOS:
HRS/ %:	WSP:	Leave Code:	Gross:

: Period End Date:		Title Code:	Rate:
Fund/DeptID/Project:			DOS:
HRS/ %:	WSP:	Leave Code:	Gross:

: Period End Date:		Title Code:	Rate:
Fund/DeptID/Project:			DOS:
HRS/ %:	WSP:	Leave Code:	Gross:

Personal Check made payable to the UC Regents in the amount of \$_____ attached
 (Send to Central Payroll, 1855 Folsom Street, San Francisco, CA 94143) **Attention:**

Form Prepared by: _____	Payroll Use Only
Department: _____	
Contact Phone Number: _____	
Date: _____	
	Dept Gross: _____ \$
	Net amount due: _____ \$
	Cycle (date) Posted: _____

Instructions:

1. Enter Employee Name
2. Enter Employee ID Number
3. Prior Year Overpayment - check this box if the overpayment occurred in a PRIOR year
4. Current year Overpayment - check this box if the overpayment occurred in the CURRENT year
5. Indicate the appropriate reason for the overpayment:
 - a. Employee Separation –
 - b. Leave Without Pay –
 - c. Other (Explain)
6. Indicate the Pay Date and Pay Period(s) when the overpayment occurred
7. Net Calculation – check this box if you are requesting a net amount for the employee to write a check back to the University. Please be aware that by requesting a net amount you are indicating that you would like the Payroll Office to assist in the collection of the overpayment because you anticipate that the employee will repay either by authorized reoccurring payroll deductions or personal check.
8. Attached Payroll Check – check this box if you are returning a Payroll Check for cancellation only.
9. Provide the pay information for the overpayment you are trying to recover:
 - a. Pay Period End Date – the pay period to be recovered b.
Title Code
 - c. Rate for monthly employee, enter the monthly rate; for hourly employee, enter the hourly rate. d.
Fund/DeptID/Project Chartstring – enter the Chartstring the employee is paid on
 - e. DOS – the description of service associated with this transaction (i.e. regular pay (REG), vacation payout (TRM), comp time payout (CMP), etc.)
 - f. Hours/% – for monthly employee, enter percentage rate (%); for hourly employee, enter the hourly rate (TRM, CMP, OTS, etc should be paid as hourly rate – for monthly employee, convert the monthly rate to hourly rate – monthly rate divided by 174).
 - g. WSP – enter workstudy code, when applicable.
 - h. Leave Code – enter a leave code, when applicable.
 - i. Gross – enter the gross amount of the overpayment to recover
10. Personal Check Attached – check this box if you are attaching the employee personal check for repayment.
11. Enter departmental contact information:
 - a. Prepared By – enter the name of the preparer.
 - b. Department – enter the name of the department.
 - c. Contact Phone Number – enter the contact phone number of the preparer. d.
Date – enter the date this form was prepared.