



UNIVERSITY OF CALIFORNIA, BERKELEY
CONTROLLER'S OFFICE - PAYROLL
2195 Hearst Ave. Rm. 120, MC-1104

Complete this form if there has been a workers compensation salary overpayment and the employee will be remitting a personal check to reimburse the University. This form addresses the information needed for Central Payroll to process earnings adjustments and credits to departmental accounts.

Request to Recover Workers Compensation Salary Overpayment Form (12/13)

Employee Name: _____

Employee Number: _____

Personal check attached (Please make check payable to **U.C. Regents**)

Send to: Central Payroll, 2195 Hearst Ave. Rm. 120, MC-1104, Berkeley, CA 94720

Title Code	Per. End Date	Gross Earnings	BU	ACCT	FUND	ORG	PROG	PROJ	FLEX

Title Code	Per. End Date	Gross Earnings	BU	ACCT	FUND	ORG	PROG	PROJ	FLEX

Title Code	Per. End Date	Gross Earnings	BU	ACCT	FUND	ORG	PROG	PROJ	FLEX

Title Code	Per. End Date	Gross Earnings	BU	ACCT	FUND	ORG	PROG	PROJ	FLEX

Form Prepared by: _____
Department: _____
Contact Phone Number: _____
Date Prepared: _____