



UNIVERSITY OF CALIFORNIA, BERKELEY
BUSINESS SERVICES PAYROLL
 2195 Hearst Ave. #120 MC-1104

This form addresses the information needed 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 writing a personal check to reimburse the University or if you are returning a payroll check.

Request to Recover Overpayment (Effective 04/10/14)

Employee Name: _____

Employee Number: _____

Overpayment **PRIOR** Pay Date

Overpayment **PENDING** Pay Date
(Requires coordination with Pay Production)

Reason:

Employee Separation

Leave Without Pay

Other (Explain) _____

Employee was overpaid for the following:

Check Date(s):	Pay Period(s):	Check 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 payhelp@berkeley.edu . **Please 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, 2195 Hearst Ave. RM 120, MC-1104, Berkeley, CA 94720) **Note:** Please **do not void** the Payroll check and be sure to provide the appropriate RX/ LX(s) below.

Please provide pay information for transactions type below:

Chart String:				Title Code:	Gross:
Rate:	H%:		Prd End Date:	DOS:	WSP:

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Rate:	H%:		Prd End Date:	DOS:	WSP:

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Rate:	H%:		Prd End Date:	DOS:	WSP:

Personal Check Attached (Send to Central Payroll, 2195 Hearst Ave. Room 120, mail code 1104, Berkeley, CA 94720)

Form Prepared by: _____

Department: _____

Contact Phone Number: _____

Date Prepared: _____

Dept. Use Only	
Dept Gross:	\$ _____
Net amount due:	\$ _____
Cycle (date) Posted:	_____