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

Page: _____ of _____

Employee Name: _____

Employee Number: _____

Please provide pay information for transactions type below:

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

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

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