

**University of Florida
University Payroll Services
Wage Refund Calculation Request**

This employee was overpaid, and the reason for the overpayment follows:

Date: _____

Department ID Number: _____

Employee's Time and Labor Processor must sign below:

Employee's Time and Labor Processor: _____
(printed)

Employee's Time and Labor Processor: _____
(signature)

Employee Name: _____

Employee ID #: _____

Pay Period Identifier: B _____

Employee Record #: _____

Warrant (Payroll) Date: _____

Pay Period Ending: _____

Warrant Number (if known): _____

The information below is the relevant information for a wage overpayment refund request:

Original Payment:				Payment that should have been paid:			
Earnings Code	Hours	Pay Rate	Gross Pay	Earnings Code	Hours	Pay Rate	Gross Pay
Total				Total			

Please fax refund calculation to:	
Fax Number:	
Phone Number:	

Employee's Designated Time Approver must sign below:

Employee's Designated Time Approver: _____
(printed)

Employee's Designated Time Approver: _____
(signature)

A separate form must be submitted for each bi-weekly payroll.

FAX OR MAIL THIS FORM TO:

**Payroll Services
PO Box 113201, 33 Tigert Hall
FAX: (352) 846-0166**