

**UND** UNIVERSITY OF  
**NORTH DAKOTA**  
HUMAN RESOURCES & PAYROLL

Twamley Hall Room 312  
264 Centennial Drive Stop 7127  
Grand Forks, ND 58202-7127

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**NOTIFICATION OF PAYROLL OVERPAYMENT**

**Date of Notice:** \_\_\_\_\_

**Please sign and return this form within 5 calendar days to:** \_\_\_\_\_

*\*Failure to return this form will result in amount due to be sent to the Student Account Services for collection procedures in full.*

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Pay Period(s) of Overpayment: \_\_\_\_\_

Overpayment Amount: \$ \_\_\_\_\_ \*

**Statement of Facts:**

**AUTHORIZATION FOR PAYROLL DEDUCTION:** I agree with the **Statement of Facts** section above and agree to repay the University of North Dakota by payroll deduction in the amounts shown below from my payroll check(s) in order to satisfy my overpayment.

- Please deduct the **full amount** of the overpayment from my next payroll payment on the \_\_\_\_\_ payday.
- Please deduct \$ \_\_\_\_\_ (Note: this option and deduction amount must be pre-arranged and approved by the Payroll dept or your dept) from my payroll for the next and subsequent pay periods until the overpayment is fully repaid. Payments I receive for any overtime, retroactive pay, etc. may also be deducted up to the remaining unpaid debt balance. In the event I leave employment with UND, I authorize the overpayment balance to be deducted from my final payroll payment or annual leave payout.

**Employee Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please feel free to call me at (701) 777-6973 with any questions or concerns.

Trish Muir  
Director of Payroll Services  
Human Resources & Payroll Services