Overpayment Acknowledgment Receipt

Date:

**Employee Name:**

**EID:**

**Workday Unit #:**

I acknowledge that I have been informed of an overpayment to my pay in the amount of

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for pay period(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_