

2013 PAYROLL OVERPAYMENT WORKSHEET

NAME
SS NO.
PAYROLL #
WD CODE
FUND

RET
FICA
MAR ST
FED EX
STATE EX

BU _____
FO # _____

EMPLOYEE ADDRESS: _____

REF. NO.: SA _____

DATE: 08-01-13

AMENDED

FMS CC: _____

DATE PAID	SHOULD BE					PAID					DIFFERENCE	RECOVER:	OVERPYMT	
	00-00-00	00-00-00	00-00-00	00-00-00	TOTAL					TOTAL				
SALARY														0.00
WORKERS' COMP														0.00
TOTAL GROSS PAY														0.00
SOCIAL SECURITY														0.00
MEDICARE														0.00
FEDERAL TAX														0.00
STATE TAX														0.00
RETIREMENT														0.00
W/C RETIREMENT														0.00
ANNUITY														0.00
DEFERRED COMP														0.00
PTS DEFERRED COMP														0.00
MEDICAL PCP														0.00
PRESCRIPTION PCP														0.00
VISION PCP														0.00
ADULT DENTAL PCP														0.00
FLEX MEDICAL (FM)														0.00
FLEX DEPENDENT (FD)														0.00
FLEX ADMIN FEE (FA)														0.00
PRE-TAX PARKING (TB)														0.00
SERVICE FEE														0.00
CREDIT UNION														0.00
EMPLOYEE ORG														0.00
PARKING														0.00
MV														0.00
SAVINGS BOND														0.00
OTHER														0.00
OTHER														0.00
TOTAL DEDUCTIONS														0.00
NET PAY														0.00

REASON: _____ FALSE
 PAY PERIOD START: _____ END: _____ REMARKS: _____

EMPL BUS EXP					0.00									0.00
WAGES-IN-KIND					0.00									0.00

PLEASE MAKE CASHIER'S CHECK PAYABLE TO: DIRECTOR OF FINANCE (if full payment is being made)

FOR DEPARTMENTAL OFFICE USE ONLY (IF PAYMENT NOT MADE IN FULL TO DIRECTOR OF FINANCE):

- 1) INFORM YOUR FISCAL OFFICE TO GENERATE INVOICE IN KFS-AR
- 2) UPON RECEIPT OF PAYMENT(S) FROM EMPLOYEE, FORWARD CHECK TO YOUR FISCAL OFFICE FOR DEPOSIT INTO DEPT'S SALARY OVERPAYMENT ACCT
- 3) ATTACH A REDACTED COPY OF THIS WORKSHEET TO THE INVOICE IN KFS