Overpayment Acknowledgment Receipt

**Date:**

**Employee Name:**

**EID:**

**Supervisory Organization:**

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

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

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