Salary Overpayment Reporting Form

Please submit the overpayment form electronically. Handwritten forms will not be accepted.

Obligation to Notify: The department responsible for identifying or becoming aware of a potential overpayment must inform the Payroll Shared Services Center immediately and complete an overpayment form within **24 business hours** from when the discovery occurs.

Responsibility of Departments and Supervisors: Campus departments and supervisors are accountable for notifying the Division of Human Resources about an employee's separation or no show in a timely manner. If this notification is delayed, an overpayment to the employee may occur.

Date: _____

Employee Information:

Name:				
Banner ID Number (last 6 digits):				
Department:				
Position and Suffix Number:				
Job Title:				
Employment Category:	Faculty		Temporary	
	Staff		Student	
Employment Status:	Active		Separated*	
	*If separated, you must complete the Separation section.			
Date Department Notified Employee of Overpayment:				
Who Notified Employee:				
Mailing Address:				
Contact Number:				
Email Address: If separated, provide non NCAT email address.				

*Separation Information, if applicable:

Last Workday:	
Date Separation Action Sent to DHR:	
If transferred, please provide the name of the NC State Agency or UNC Institution.	

Department/Supervisor Information:

Department Name:	
Supervisor:	
Supervisor Email Address:	
Supervisor Contact Number:	
Department Head:	

Salary Overpayment Information:

Date of Discovery:				
Total Amount Overpaid:				
Reason for Overpayment:	**Incorrect Salary Rate**			
	Hours Worked Incorrectly Reported			
	Duplicate Payment			
	Late Submission of Department Separation Notice			
	Job Status Not Terminated to Cease Pay			
	Other (Specify):			
Overpayment Begin Date:				
Overpayment End Date:				
Fund(s) and Account(s) Charged:	**Fund**	**Account**	**Org**	**Program**
Additional Comments, if applicable:				
Required: Include copies of all salary related personnel actions that contribute to the overpayment.				

Form Completed By:

Name:	
Email Address:	
Contact Number:	

Please ensure that all applicable sections are filled out. Submit the completed form along with the required supporting documents to payrollssc@northcarolina.edu.