

# 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 University Payroll Office 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:				
<b>Required: Include copies of all salary-related personnel actions that contribute to the overpayment.</b>				

**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 [overpayments@ncat.edu](mailto:overpayments@ncat.edu).