



Recovery of Overpayment(s) Repayment Agreement

(Active Employee)

This agreement is entered into with (Company name here) and the employee listed below.

I, _____, acknowledge and do not dispute, an overpayment received from
(Print employee's name)

(Company name here) in the amount of \$ _____. I know that these are funds I am not entitled to

and hereby agree to the following installment repayment schedule as set forth below. The first payment to be

deducted from my regular earnings on _____, with the final payment of \$ _____

_____, from my regular earnings on _____.

Payment Due Date	Amount Due	Date Received (For Payroll use only)

I understand that if I resign or otherwise terminate my employment with (Company Name Here) before completing this repayment agreement, my final regular earnings paycheck and/or accrued annual leave paycheck will be applied to this debt, and I will remain responsible for any additional amount owed following such application. (Please check applicable state laws first!)

Signature of Employee

Date

Signature of Company Representative

Date