THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Payroll Services

Repayment of Overpaid Wages Agreement

Return Agreement to Payroll Services:
payroll@gwu.edu

This agreement is to address and resolve the overpayment of wages when the employee is not able to repay the University immediately.

Employee name _____

Employee GWID # _____

Overpayment amount _____

Pay Cycle ☐ Monthly ☐ Biweekly

I agree to repay The George Washington University (GW) for an overpayment of wages in the amount noted above. To satisfy the overpayment, I hereby authorize GW to deduct $_____ from my pay over the next _____ pay periods with a final deduction of $_____ from my pay for the subsequent pay period.

I understand that in the event I leave GW before the overpaid balance is repaid, the remaining balance due will be withheld from my final pay. I understand further that I am still responsible for repaying any remaining balance due after deduction from by final pay by no later than ten (10) days after termination of employment.

_____ _____
Employee Signature Date

_____ _____
Department VP/ Dean Authorizing Signature Date

_____
Department VP/ Dean Name (printed)

Requests to repay the University for a period more than 60 days must have the approval of the Executive Vice President & CFO. (Please attach any supporting documentation)

☐ Approved ☐ Not Approved

_____ _____
Signature Date

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