

Employee Overpayment Worksheet

Employee Name: _____
Employee Social Security No.: _____
Unit Identification: _____
Payroll Date of Overpayment: _____
Number of Days and Hours _____
Employee Overpaid: _____
Cause of Overpayment: _____

PLEASE NOTE: If the overpayment is paid in the same calendar year as it occurred, the net amount of the overpayment may be paid. If the overpayment **is not paid** in the same calendar year as it occurred, the gross amount of the overpayment will have to be paid. Under **no** circumstances does the Office of State Controller, Central Payroll Section, allow prior year adjustments and **will not** issue amended W-2's for overpayments received after the stated calendar year-end deadlines.

	Gross	Federal	OASDI	HI	N.C.	Ret.	Ded.	Net
*Was Paid								
**Should have been paid								
***Difference								

*Number of Days and Hours Employee Was Paid: _____
 **Number of Days and Hours Employee Should Have Been Paid: _____
 ***Difference Employee Owes Agency for Overpayment: _____