

Human Resources

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5317 - Email: hr@siskiyous.edu

Repayment of Overpayment Authorization (Faculty)

I, _____, agree to repay College of the Siskiyous the amount of \$ _____ identified as excess pay I received in error.

I will repay the amount awed by agreeing to one of the following options:

I will write a check for the total amount of \$ _____

Please make check payable to College of the Siskiyous and indicate "overpayment" on the check. The check should be delivered to College of the Siskiyous, Human Resources, 800 College Ave, Weed, CA 96094.

Total amount to be deducted \$ _____ to be divided by the number of repayments indicated below. (For active employees only)

I hereby authorize College of the Siskiyous Human Resources to begin payroll deductions on my next payroll check(s). Deductions will be made in accordance with the following schedule.

One (1) Repayment of \$ _____

Six (6) Repayments of \$ _____

Twelve (12) Repayments of \$ _____

Eighteen (18) Repayments of \$ _____

I understand and agree that if my employment with College of the Siskiyous ends for any reason, any remaining balance will be due and payable immediately.

First Name: _____

Last Name: _____

Employee Signature: _____

Date: _____

Director, Human Resources Signature: _____

Date: _____

VP, Administrative Services Signature: _____

Date: _____