



Staff - Repayment of Overpayment Authorization Form

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

I will repay the amount owed by agreeing to one of the following options: (please check (✓) appropriate option)

OPTION 1: 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.

OPTION 2: 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 \$ _____

Four (4) Repayments of \$ _____

Two (2) Repayments of \$ _____

Five (5) Repayments of \$ _____

Three (3) Repayments of \$ _____

Six (6) 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.

Printed Name of Employee

Signature of Employee

Date

Signature of Vice President, Administrative Services

Date