The George Washington University
Payroll Services
Repayment of Overpaid Wages Agreement

This agreement is to be used when the University has overpaid ***former*** employee and they are not able to repay immediately.

Employee name ____

Employee GWID# ____

Overpayment amount ____

I agree to repay the university $______ per month over the next _____ months. Payment will be sent to Payroll Services in Ashburn, Virginia.

________________________________ ___________
Employee Signature Date

____
Employee Name (printed)

_________________________ ____________
Authorizing Signature Date

Anyone requesting more than 60 days to repay the University must have the approval of the Executive Vice President& Treasurer.

☐ Approved ☐ Not Approved

_________________________ ___________
Louis Katz, EVP&T Date

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Terminated employee remittals to begin ________________