THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

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 made by check sent to Payroll Services in Ashburn, Virginia or using the online GW Payment Center. All payments will be remitted no later than the 10th of each month.

______________________________ ____________
Employee Signature Date

____
Employee Name (printed)

______________________________ ____________
Department VP/ Dean Authorizing Signature Date

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

☐ Approved ☐ Not Approved

______________________________ ____________
Signature Date

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Terminated employee remittals to begin ___________________
(Month)

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