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 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 or the Associate Vice President, Total Rewards. (Please attach any supporting documentation)

☐ Approved ☐ Not Approved

_____ _____
Signature Date

>>>