

**SALARY UNDERPAYMENT/OVERPAYMENT**

(STATEMENT OF UNDERSTANDING)

Date: \_\_\_\_\_

To: Payroll Department

From: \_\_\_\_\_

Subject: Pay Adjustment

I, \_\_\_\_\_, understand the explanation of an overpayment made to me. I therefore, authorize the District to deduct \$\_\_\_\_\_ each month from my pay to offset this indebtedness. I further understand that should I terminate before liquidating this overpayment, the balance is due and payable at the time of termination.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Overpay4

Exhibit adopted: January 23, 2001