



Form 3501 FR.06
Overpayment Recovery Form

Revised 10/25/2023

Instructions:

- Complete all fields to process overpayment recovery. Failure to do so will result in delays.
- Email completed forms to employee.services@yale.edu.
- Direct questions to Employee Services at 203-432-5552.

| Employee and Paycheck Information | | | | | |
|----------------------------------------------------------------------------|--|-----------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------|
| First Name: | | Last Name: | | M.I.: | |
| Cost Center: | | Department: | | | |
| UPI or Assignment #: | | Payroll: | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly | Current Employee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Paycheck Date (MM-DD-YYYY): | | Pay Period End Date (MM-DD-YYYY): | | | |
| Gross Amount of Overpayment (Payment will be deducted from next paycheck): | | | | | |
| Detailed Reason for Overpayment (required): | | | | | |
| Pay Component/Element: | | | | | |

| Charging Instructions | | | | | |
|-----------------------|---------|---------|----------------------------|------|----------|
| Cost Center | Program | Project | Gift/Grant/Yale Designated | Fund | Assignee |
| | | | | | |
| | | | | | |

| Authorization | | | |
|---------------------------------------------------------------------|--|----------|----------|
| Preparer Name (print): | | Date: | Phone #: |
| Dept. Authorizer Name (print, must <u>not</u> be same as preparer): | | Phone #: | |
| Dept. Authorizer Signature: | | Date: | |

Per University policy, overpayment amounts are recovered in the employee's next paycheck.

| Employee Acknowledgment and Authorization | | | |
|-------------------------------------------|--|----------|--|
| Employee Name (print): | | Phone #: | |
| Employee Signature: | | Date: | |