

**EMPLOYEE PAYBACK OF SALARY OVERPAYMENTS AND  
AGENCY CHECKS**

TO: \_\_\_\_\_  
ACCOUNTS RECEIVABLE SECTION

FROM: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE DEPOSIT THE ATTACHED CHECK ACCORDING TO THE LISTED INFORMATION BELOW:

EMPLOYEE NAME \_\_\_\_\_

REASON FOR PAYMENT \_\_\_\_\_  
(OVERPAYMENT OR AGENCY CHECK)

AMOUNT OF PAYMENT \_\_\_\_\_

\_\_\_\_\_ AGENCY CHECK CLEARING ACCOUNT \_\_\_\_\_

\_\_\_\_\_ CURRENT YEAR CLEARING ACCOUNT \_\_\_\_\_

\_\_\_\_\_ PRIOR YEAR SALARY LINE ITEM FOR EMPLOYEE \_\_\_\_\_

GA&FM: PLEASE WRITE A CHECK FROM \_\_\_\_\_ (DIVISION) \_\_\_\_\_  
TO OFFICE OF THE STATE CONTROLLER IF THIS IS FOR  
CURRENT YEAR SALARY OVERPAYMENT.

YOUR ATTENTION TO THIS MATTER IS APPRECIATED.

CC: PAYROLL SECTION  
GA&FM SECTION

ATTACH COPY OF CHECK HERE