**CONSENT TO PAYROLL COLLECTION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize my employer, the Minnesota Department of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to reduce my gross pay by the sum of $\_\_\_\_\_\_\_\_\_\_ from each of my paychecks beginning the \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ pay period until the amount of $\_\_\_\_\_\_\_\_\_\_ is repaid in full. This reduction will reimburse the Minnesota Department of \_\_\_\_\_\_\_\_\_\_ for the erroneous overpayment made to me during the period of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature