OVERPAYMENT EXCEPTION REQUEST FORM

UC BERKELEY
CONTROLLER'S OFFICE
CENTRAL PAYROLL

Read the exception policy before submitting this form.
Form must be completed and submitted by HR or Payroll Departmental Staff (not employee)
Please email completed form to the payhelp@berkeley.edu

EMPLOYEE INFORMATION

Name Of Employee	
Employee ID	
Job title and record number in which overpayment occurred	

OVERPAYMENT INFORMATION (Please attach supporting documents to this form)

Has an overpayment transaction been initiated in UCPath?   Yes ☐   No ☐ If yes, please provide Payroll Transaction Number:
Was the overpayment reported to UCPath in the year in which the employee was overpaid?
Please provide the month, year, earnings and hours and or percentage the employee was overpaid.
Please describe why the overpayment occurred.
Please describe the business reason supporting the request to forgive the overpayment.

ADMINISTRATIVE CONTACTS

The contacts listed below will be consulted if further clarity regarding the overpayment is needed

Payroll Name and Email	
HR Partner Name and Email	

AUTHORIZATION

The information above is captured accurately to the best of my knowledge and I support the request to forgive or cancel the overpayment relinquishing the employee of their obligation to repay university funds in which they were not entitled to receive. I understand depending on the overpayment situation, there may be income tax obligations and other employee job or benefits adjustments that are non-negotiable and required from the university and or employee.

Document must be signed by a Vice Chancellor, Dean, or equivalent

Name	
Job Title	
Signature	
Date	