

**Repayment Agreement
University of Michigan**

I, _____, emplid _____ acknowledge a debt of \$ _____ owed to the University of Michigan. This debt is the result of salary overpayments from _____ to _____.

Repayment Schedule

Repayment of the above overpayment will be made in accordance with the following schedule. Payroll deductions will be made on a pay cycle basis (biweekly or monthly) based on the information entered below:

Paydate: _____	\$ _____	Paydate: _____	\$ _____
Paydate: _____	\$ _____	Paydate: _____	\$ _____
Paydate: _____	\$ _____	Paydate: _____	\$ _____
Paydate: _____	\$ _____	Paydate: _____	\$ _____

Authorization

I authorize each and every payroll deduction as delineated in the above schedule. Furthermore, should my employment at the University of Michigan end prior to the completion of the Repayment Schedule, I authorize a maximum payroll deduction allowed by law to be withheld from my final paycheck. I also agree to repay the University of Michigan, within 6 months of the end of my employment, the remaining balance of the debt that has not been repaid via payroll deduction.

Signature

Date

Approval - Departmental Representative

Date

[Editorial Note: We will allow departments flexibility in the Authorization to pick and choose a combination of sentences that reflects their position on the repayment. The Payroll Office will secure review by the Office of the General Counsel, when necessary.]