

Dept

## Special Offline Payment & Recovery Form

Employee #

Job#

Surname:

Other Name (s):

Department:

Reason for Special Payment:

.....

.....

.....

.....

Pay Group:

Pay Run:

Period End Date:

Date	Payee Code	Units	Rate	Amount	Subsidy Amount	Override Y/N

## Overpayment Deduction Details

Deduction

Amount To Recover Per Pay

Deduction Start Date

Total Amount To Recover

Prepared By:

Date:

Checked By:

Date:

## Payroll Office Use Only

Entered By:.....

Date Entered:.....

Date Paid:.....