



Dear Payroll Partner/Timekeeper:

I, _____, W# _____ acknowledge a debt of \$_____ owed to the State of Maryland. This debt is the result of a salary overpayment(s) from pay date_____ pay period _____.

Repayment of the above overpayment will be made in accordance with the following schedule. Payroll deductions will be made on a biweekly pay cycle basis.

Calendar Year _____

PPE Date _____ \$ _____

PPE Date _____ \$ _____

I authorize the DBM Payroll Consolidated Unit to process the payroll deduction as defined in the above schedule. Furthermore, should my employment at_____end prior to the completion of the Repayment Schedule, I authorize any remaining balance to be withheld from my final paycheck or I must repay via money order.

Signature

Date