**UNIVERSITY OF MARYLAND**

**OFFICE OF THE COMPTROLLER**
**PAYROLL SERVICES**

1101-L Chesapeake Building
College Park, Maryland 20742-3121
301.405.5665 TEL   301.405.8685 FAX

# REQUEST FOR PAYBACK AMOUNT

## Overview:

This form should only be used if the department cannot recover the overpaid funds electronically via the payroll system.  Payments can be made by Personal Check, Cashier's Check, or Money Order.

## Process:

1.) Complete the form in its entirety making sure to provide a detailed reason why the funds need to be recovered.   Please note, for Final Leave Payouts, the Object Code is 1000.

2.) Make sure all information on the employee's appointment matches the detailed reason.  If there is something that cannot be changed in PHR, make sure to provide an explanation.

3.) If the employee was paid on multiple accounts, indicate the pay periods paid on each account.

4.) Make sure to indicate the percentage of pay on the account(s).

5.) If additional space is needed, attach a separate sheet.

6.) Sign and date the form (electronic signatures are acceptable).

7.) A case in Service Now must be created to submit the form.  Go to Open a Case with Finance - UMD Service Center.  The fields can be completed as follows:

> How Can We Help you? – Payback Amount
>
> What Is This Case About? – Payroll Services
>
> More Specifically? – Payback Amount Request

# UNIVERSITY OF MARYLAND

**OFFICE OF THE COMPTROLLER**
**PAYROLL SERVICES**

1101-L Chesapeake Building
College Park, Maryland 20742-3121
301.405.5665 TEL   301.405.8685 FAX

## REQUEST FOR PAY BACK AMOUNT

Submit Request To:    Finance Service Now
Open a Case with Finance - UMD Service Center

**Today's Date:** _____

**Employee Name:** _____

**UID:** _____

_____

**Overpayment Reason:** _____

_____

_____

| PPE | Gross Amount Overpaid | KFS Account | Object Code | % of Pay | | *For Payroll Services Use Only* | |
|-----|----------------------|-------------|-------------|----------|---|-----------|--------------|
| | | | | | | **GENU Acct** | **Division Acct** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## Certification by Department:

I hereby certify that the above information is correct, and the overpayment cannot be recovered from a future pay period.

_____      _____
Name                                                      Date

_____      _____
Division/Department                                Telephone #

*Revised 07/03/24*