

**Repayment Agreement
University of Michigan**

I, _____, acknowledge a debt of \$_____ owed to the University of Michigan.

This debt is the result of salary overpayments, from _____ to _____.

Options for Repayment

_____ Set up deductions as allowable by law, 15% of gross, until overpayment is paid in full

_____ Set up deductions for \$ flat dollar amount, until overpayment is paid in full
(greater than 15% of gross)

_____ Supplement PTO, if available during the time of overpayment and ONLY for time that could have been used under the PTO guidelines.

Number of hours to supplement _____

Repayment Schedule

Repayment of the above overpayment will be made in accordance with the following schedule. Payroll deductions will be made from every payroll between and including each of the following Pay Dates.

Calendar Year _____

From Pay Date _____

To Pay Date _____

Authorization

I authorize each and every payroll deduction and/or PTO hours to be supplemented 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 six 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.]