



To: _____ Date: _____
 Assignment Number: _____
 From: _____ Title/Office: _____
 Subject: Salary Adjustment-Multiple deductions

Our records indicate that you received compensation in excess of what you earned in the following amounts:

Pay Period Begin Dates	Pay Period End Dates	Gross Overpayment	Net Overpayment (after deductions)
		Total Gross Due:	Total Net Due:

To correct your earnings, please choose one of the options below that will work best for you.

1. Please adjust my pay in accordance with the following schedule:

Pay Period End Dates	Deduction (gross earnings)
	Total Gross Due:

These adjustments will begin the next payroll after the form is received and continue until the gross total is collected. If you choose this option, please sign (below) and return by email to: _____ or mail within 5 days to: _____.

Employee Signature: _____ Date: _____

OR

2. Please enclose a personal check, cashier's check, or money order in the amount of \$ _____ (Equal to TOTAL NET PAY amount from above). Make check payable to the Research Foundation for SUNY and send within 5 days to _____.

You may appeal the overpayment or overpayment terms by providing notice to the RF's Corporate Payroll Manager at (518) 434-7080 or e-mail payroll@rfsuny.org. Your appeal must be received within one week following receipt of this notice. For additional information, please refer to the procedure for appeal [Link].

If you have any questions, please contact: _____.