



To: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assignment Number: \_\_\_\_\_  
 From: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Subject: Salary Adjustment-One time Deduction

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)
		<b>Total Gross Due:</b>	<b>Total Net Due:</b>

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

1. Please adjust my pay for the pay period ending \_\_\_\_\_ in the amount of \_\_\_\_\_ [Equal to Total Gross due]. 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 Due). 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: \_\_\_\_\_.