Overpayment Agreement

Employee name
Employee number
Overpayment amount

I agree that I must reimburse the [Johns Hopkins University (JHU)] for an overpayment of salary in the amount noted above. To satisfy the overpayment, I hereby authorize [JHU] to deduct _$__ from my pay over the next ____ pay periods with a final deduction of _$_____ from my pay for the subsequent pay period.

In the event I leave [JHU] before this is fully repaid the remaining overpayment balance will be withheld from my final pay.

Employee signature

Date

Payroll Admin signature

>>>>>Do not print below on the form to be signed>>>>>>>

Department/unit to retain signed original.

Johns Hopkins employers:

1) Johns Hopkins University (JHU)
2) JHHS:
    Johns Hopkins Health System (JHHS)
    Johns Hopkins Community Physicians (JHCP)
    Johns Hopkins Health Care (JHHC)
3) Johns Hopkins Hospital (JHH)
4) Johns Hopkins Bayview Medical Center (JHBMC)
5) Johns Hopkins Home Care Group (JHHCG)
6) Johns Hopkins Home Health Services (JHHHS)
7) Johns Hopkins Pharmaquip (JHP)
8) Johns Hopkins Pediatrics at Home (JHPH)
9) Johns Hopkins Emergency Medical Services (JHEMS)