

REQUEST FOR PAYBACK AMOUNT

Overview:

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

Process:

- Complete the form in its entirety making sure to provide a detailed reason why the funds need to be recovered. Request <u>MUST</u> include all required Driver Worktags. Please do not use any old PHR or KFS Information.
 - Employee Cost Center and Job/Position number is shown on the employee's profile page. They are combination of Letters and Numbers.
 - Ledger Accounts & Spend Categories can be found by running the KFS Object Code to Workday Value report.
 - For Leave Payouts, the Ledger Account is 52200 and the Spend Category is SC00001.
 - Grant/USource Worktags can be found by running the KFS Account to Driver Worktag report.
- 2.) Make sure all information on the employee's job in Workday matches the detailed reason.
- 3.) Use one line per pay period in the matrix. DO NOT put a range of pay periods. If the employee was paid from multiple sources, each source will require a separate line.
- 4.) Make sure to indicate the percentage of pay from each source.
- 5.) If additional space is needed, attach a separate sheet.
- 6.) Forms that are incorrect or incomplete will be sent back.
- 7.) Print Name, Date, and Email Address.
- 8.) A case in Service Now must be created to submit the form. Go to Open a Case with Finance.



PAYBACK AMOUNT REQUEST FORM

An asterisk (*) denotes a required field

*Division/Department

Part I: Employee Information

OFFICE OF THE CONTROLLER PAYROLL SERVICES 1101-L CHESAPEAKE BLDG COLLEGE PARK, MD 20742

Open a Case with Finance

W Number	
(Payroll Service	es Use Only)

*Campus	UMCP		UMES UMCES		UMSO			
*Employee UID	:	*Employee Position: Number						
*Employee Name: Last Name		First Name		M.I.				
Part II: Overpayment Information								
	*Gross		Finance Driver Worktags					
*Pay Period Ending Date	Amount Overpaid	*Ledger Account	*Cost Center	*Revenue/Spend Category	*Grant/USource	*% of Pay		
				,				
Port III. *Overnoument Person								
Part III: *Overpayment Reason								
Pourt IVA Contification by Domestus ant								
I hereby certify that the above information is correct.								
*Printed Name		*Date						

*Email Address