

DISTRICT NAME: _____

Munis Correction (MC09) – Salary Overpayment

This form is used in the event an employee has been overpaid

RETIREMENT INFORMATION

STRS PERS

Employee #: _____

Last Name: _____ First Name: _____

Original Check Date: ____/____/____ Check Number: _____

Prior Calendar Year: _____
(W2C/941X needed)

Current Calendar Year

Gross Overpayment Amount: _____

PAYMENT ARRANGEMENTS:

Personal Check for Overpayment is being received: _____ (Y or N)
(Request copy of personal check)

Payroll deduction: _____ (Enter Payroll Date)

NET AMOUNT DUE: _____ DISTRICT NOTIFIED: _____

PLEASE ATTACH A COPY OF ORIGINAL CHECK.

Prepared By: _____

Date: ____/____/____

DPS USE ONLY

Processed by: _____

Date: ____/____/____