

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)