



Request for Employee Offset Due to Payroll Overpayment

Dept. ID			Employee Name				Employee ID				
			Last	First	M.I.						

Employee Address	City	State	Zip

- 1. Total Offset Amount Requested:
- 2. Requested Biweekly Deduction:
- 3. Number of Installments Needed Until Paid in Full:
- 4. Reason for Offset:

Please provide a summary of the overpayment including when it occurred.

Make Offset Funds Payable to	Mailing Address for Offset Report

Offset Requestor's Name	Email Address	Phone Number	Date

NOTE: Form must be completed in its entirety along with a signed repayment arrangement and relevant supporting documents in order to be processed. Incomplete submissions will be deemed invalid and the department will be notified. Questions concerning this form or the offset process should be directed to the Controller's Office at (415) 701-3400.