

EXHIBIT B

OVERPAYMENT WORKSHEET

Date

Employee Name _____ SSN: _____

Date/Dates of Overpayment _____

Reasons for Overpayment _____

	Paid	Should be Paid	Overpayment Adjustment
Gross Pay			
Less: Deductions			
Soc. Sec. Tax			
Medicare Tax			
Federal W/H Tax			
State W/H Tax			
Retirement			
Medical			
Drug			
Dental			
Vision			
Statutory Dues			
Employee Org.			
Parking			
Credit Union			
Total Deductions			
Net Pay			

c: Union