

Payroll Repayment Form

Division of Accounting

Original To: Payroll Compliance Group, 820 Silver Lake Blvd, Suite 200, Dover DE 19904	FAX: 739-1304	Date: _____
From: _____	Phone: _____	Email: _____
Organization: _____	Dept ID: _____	Authorized By: _____

Employee Name: _____	Empl ID: _____	Empl Rec #: _____
Pay Period End Date: _____	Pay Check Date: _____	

Combo Code	Bud Ref 4-Digits	Fund 3-digits	Department 6-digits	Oper Unit 8-digits	Approp 5-digits	Account 5-digits	Program Cd 5-digits	School Cd 6-digits	Project 15-digits	DE Activity 10-digits	DE Resource 5-digits	Earnings Code	Amount
Total Gross:													

Gross	FWT	SWT	Local	Pension	OASDI	Medicare	Total Deductions	Net

PCG USE ONLY:

Net	Employee OASDI	Employee Medicare	Employer WC	Employer UI	Employer OASDI	Employer Medicare	Total	Gross / Net	CR #

Explanation:	
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Deductions	
Other than Taxes and Pension	
Deduction Code	Amount
Total Deductions:	