



Webb County
Human Resources Department

Overpayment Reimbursement Form

Name: _____ Department _____

Employee ID: _____ Job Title: _____

Address _____ Home Phone _____

City, St. Zip _____ Cell Phone _____

The County takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled paydays. In the event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Department Payroll Manager or Payroll Division so that corrections can be made as quickly as possible. If the employee has been paid in excess of what he or she has earned, the employee will need to return the overpayment to the County. No employee is entitled to retain any pay in excess of the amount he or she has earned according to the agreed-upon rate of pay. If a wage overpayment occurs, the overpayment will be regarded as an advance of future wages payable and may be deducted in whole from the next available paycheck. Failure to reach an agreement on repayment to the County does not prohibit the County from seeking further legal remedies.

I understand this policy and agree to its terms. I acknowledge that any wage overpayment constitutes an advance of future wages payable to me, and I give permission to the County to deduct any wage overpayment: in full from the next subsequent paycheck. I understand and agree that if I should resign, retire, or be terminated (collectively referred to as “separation”) during the repayment of my overpayment the entire amount may be deducted all at once from any money that is due to me at the time of separation.

Signature of Employee

Date