

# Statement of Overpayment Non-Recovery

Date:

Reference Number:

Employee Name:

Employee ID:

Department:

## Details of Overpayment

Period of Overpayment:

Amount Overpaid:

Reason for Overpayment:

## Non-Recovery Statement

After a thorough review, it has been determined that the above-stated overpayment will not be recovered from the employee due to the following reasons:

Authorized Signatory:

Date: