Date

To Whom it may Concern:

This letter certifies that (insert employee name and social security number) has repaid the following amount ($insert dollar amt) this calendar year for a salary overpayment which occurred (insert date of overpayment.)

If you have any questions, please contact me at (insert phone number.)

Sincerely,

Person
Human Resources Manager

Cc: General Accounting and Financial Management Section
Assistant Payroll Officer
Payroll Clerk
Accounts Receivable Section
Human Resources Debt Collection File/Employee Personnel FIle