GROSS OR NET PERSONAL CHECK REFUND WORKSHEET
(Please indicate gross or net refund by circling)

UNIT NO. _____   REFUND DATE _____

*Original Payroll No. _____   Original Payroll Date _____
*Budcd/Cmpny _____   Accnt/Centr _____
*Social Security No. _____   Position No. _____
*Employee Name _____
*Tax Exemptions: Federal _____   State _____
                        Extra _____   Extra _____
*Employee Retirement Code _____
*Deferred Deductions:

	CODE		
	098	Parking	
	001	Board	_____
	002	Dorm	_____
	003	Rent	_____
	004	Utilities	_____
	200	Tax Sheltered Annuity	_____
	225	Supplemental Retirement	_____
	249	Deferred Compensation	_____
		Hospital Insurance Premium	_____
	445	Dependent Care Benefits	_____
	446	Health Care FSA	_____
	447	Dental Care FSA	_____
	448	BC/BS Flex	_____
	449	AD & D (UNUM)	_____

Number of Days and Hours Employee Overpaid _____
Cause of Overpayment _____

	Gross	Federal	OASDI	HI	N.C.	Ret.	Ded.	Net
*Was Paid								0.00
Should have been paid								0.00
**Difference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Social Security Gross for Difference _____
Retirement Gross for Difference _____

*Record data from payroll register of original payment
**Difference line to be entered into payroll system

Check enclosed in the amount $ _____
(Amount of check is equal to net difference as indicated in highlighted box)

_____
Authorized Payroll Signature   Date