

Agreement for Repayment of Overpayment

I, _____, understand that I was paid incorrectly for the following customer and pay period:

Customer Name: _____

Customer Prime #: _____

EOR (if different): _____

Starting _____ and ending _____

I know that this overpayment must be returned. I am choosing to return these funds by having:

5% of the overpayment deducted from each of my future paychecks until the full amount is repaid.

100% of the overpayment deducted from my next paycheck.

PSW Signature

Date

Request to Back Out eXPRS Hours

Provider Name _____ Provider# _____

Customer Name _____ Prime# _____

Service Code _____

Date	Time In	Time Out
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Signature

Date