

Sample Form

AUTHORIZATION FOR ACCIDENTAL OVERPAYMENT DEDUCTION

Allowed under RSA 275:48 I

I, _____ hereby authorize
(Print employee's name)

(Employer)

to deduct from my wages

the sum of \$ _____, beginning _____ and ending _____
(Amount) (Date) (Date)

until the total amount of \$ _____ has been deducted.
(Amount)

I am authorizing this voluntary deduction as specified in RSA 275:48 I.

For deductions made for accidental overpayments employers are not allowed to deduct more than 20 percent of the employee's gross pay in any pay period. See RSA 275:48 I (d), (4), (C) (ii).

In the event my employment ends for any reason before the final deduction is made, the entire balance may _____ (X) or may not _____ (X) be deducted from my final wages.

(Employee's Signature)

(Date signed)