Sample Form

AUTHORIZATION
FOR ACCIDENTAL OVERPAYMENT DEDUCTION
Allowed under RSA 275:48 I

I, _____hereby authorize
(Print employee's name)

_____ to deduct from my wages
(Employer)

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 that 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)