

**CONSENT TO PAYROLL COLLECTION**

I, \_\_\_\_\_, hereby authorize my employer, the Minnesota Department of \_\_\_\_\_, to reduce my gross pay by the sum of \$\_\_\_\_\_ from each of my paychecks beginning the \_\_\_\_\_, \_\_\_\_\_ pay period until the amount of \$\_\_\_\_\_ is repaid in full. This reduction will reimburse the Minnesota Department of \_\_\_\_\_ for the erroneous overpayment made to me during the period of \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_ Employee Signature