

CONSENT TO PAYROLL COLLECTION

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

Dated: _____

[Employee Signature]