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