



**PAYROLL REPAYMENT
AUTHORIZATION FORM**

EMPLOYEE NAME: _____ **UST ID Number or SSN:** _____
Please print your full name

I agree to repay the University of St Thomas \$_____ each pay period starting with the paycheck dated _____ and ending _____. If I terminate employment the balance of the payroll advance will be deducted from my final University of St. Thomas payroll check

Purpose of the deduction: To repay \$_____.

Account to be credited:

FUND_____	ORG _____	Account _____
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Total amount to be deducted per pay period: \$_____

Employee Signature: _____

Date: _____

Vice President Approval (required for Advances): _____

Date: _____

Payroll Repayment Form (DED 300 Pay Advance, 320 Rent to UST, 325 Repay, 330 Misc. Deduction)