

Deductions from Salary in respect of Overpayments

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| --- | --- | --- |
| School/Discipline/Area |  | |
| Staff Name |  | |
| Staff Number |  | |
| Number of Days Overpaid |  | |
| Reason for Deduction |  | |
| Dates of Overpayment | From: | To: |
| Schedule of Deductions |  | |
| Date of Deductions | Start: | End: |
| Additional Information |  | |

# Manager Employee

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Signature** |  |  |
| **Date** |  |  |

Completed forms can be emailed to: [HRFORTNIGHLTYSTAFF@tcd.ie f](mailto:HRFORTNIGHLTYSTAFF@tcd.ie)or Fortnightly payroll [HRPROFESSIONALSUPPORTTECHNICAL@tcd.ie](mailto:HRPROFESSIONALSUPPORTTECHNICAL@tcd.ie) for monthly payroll

(Sick leave related overpayments: please ensure to copy [absencemanagement@tcd.ie](mailto:absencemanagement@tcd.ie) on the email)

# Information on Deductions from Salary in Respect of Overpayments

1. Managers should discuss the overpayment and confirm the deductions from salary with the employee at least one week before commencing
2. Weekly payroll deadline is mid-day Thursday for deduction the following week or mid-day Wednesday in the week preceding a public holiday
3. Monthly payroll deadline is the first of every calendar month

\*\*\* Incomplete or unsigned forms will be returned to the Manager for completion \*\*\*

**Please provide a signed copy of the completed form to the employee as this is the written confirmation of the deductions for their personal record. A copy should also be retained locally.**