STATE OF MARYLAND
PAYROLL ADVANCE DEDUCTION
RECOVERY AUTHORIZATION

RECOVERY FORM 1 OF 2
PAY PERIOD ENDING_____

Please print or type all information in BLACK INK for electronic imaging.

Payroll System:

☐Regular   ☐University   ☐Contractual

Personnel/Payroll Agency Code

Agency Name (Place of Employment)

Social Security Number

☐☐☐-☐☐-☐☐☐☐

Employee Name

| DOE 87 |
| Recovery |
| Deduction Amount = $ |

On _____I received a Payroll Advance in the amount of _____. I understand that the State of Maryland will recover this advance by payroll deduction from my payroll check(s) to be issued on the following date _____, and do hereby acknowledge my obligation to the State of Maryland for the above amount. Furthermore, I do herby authorize the State of Maryland to make said deductions from my wages until the State of Maryland has been reimbursed in full for said Payroll Advance.

_____   _____
Date   Signature of Employee

TO BE COMPLETED BY AGENCY ACCOUNTING OFFICE   *Note: CPB will mail Recovery*
Agency: _____   *Check to this address.*
Address:_____
City:_____State:_____Zip:_____
Contact Name:_____
Contact Number:_____

Note: For Final Payout, use Form 1 of 2 Only.