



COUNTY OF SONOMA – CENTRAL PAYROLL DIVISION

AUDITOR-CONTROLLER
ASSISTANT AUDITOR-CONTROLLER

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Donna M. Dunk

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Promissory Note

For salary overpayment received, I promise to pay to the County of Sonoma:

\$ _____

_____ payments to be made according to the following schedule:

Number of payments	Biweekly repayment amount	Repayment Total	Beginning on Pay Date

I authorize the Sonoma County Auditor-Controller to withhold from my earnings in accordance with the above schedule. If my employment with the County of Sonoma terminates before this note is repaid, any balance still owing may be taken out of my final paycheck. I will repay any remaining unpaid balance within 15 days of the effective date of termination.

 Employee signature

 Date

 Witnessed by

 Date

For payroll Use only

Completed by: _____ Phone # _____

Employee: _____
 Employee ID #: _____
 Appt. Status: _____

Index #: _____
 Sect #: _____

Explanation and dates of overpayment:

Pay Code	Rate of over payment	Number of Hours	Reg or Prem Overpayment	Overtime or OT Premium Overpayment
Totals:				
Overpayment Total:				

For Auditor Use Only:

Subobject: _____ Subobject: _____ Subobject: _____
 Amount: _____ Amount: _____ Amount: _____

D/OE _____ 50 (txbl) _____ 52 (non-txbl)

Processed beginning on (pay date): _____