



**STATE OF MARYLAND
PAYROLL ADVANCE DEDUCTION
RECOVERY AUTHORIZATION**

**RECOVERY FORM 2 OF 2
PAY PERIOD ENDING _____**

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

Payroll System:	<input type="checkbox"/> Regular	<input type="checkbox"/> University	<input type="checkbox"/> Contractual
-----------------	----------------------------------	-------------------------------------	--------------------------------------

Personnel/Payroll Agency Code	Agency Name (Place of Employment)								
<table border="1" style="width:100%; height:30px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>									

Social Security Number	Employee Name										
<table border="1" style="width:100%; height:30px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%; text-align:center;">-</td> <td style="width:12.5%;"></td> <td style="width:12.5%; text-align:center;">-</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>				-		-					
			-		-						

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 hereby 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

<p>TO BE COMPLETED BY AGENCY ACCOUNTING OFFICE</p> <p>Agency: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact Name: _____</p> <p>Contact Number: _____</p>	<p><i>Note: CPB will mail Recovery Check to this address.</i></p>
---	---