

LSUHSC

Louisiana State University Health Sciences Center-Shreveport

I acknowledge that I understand LSU Health Sciences Center – Shreveport’s Recoupment Policy and that, if overpaid, the overpayment may be recouped in a future pay period after notification in accordance with the Administrative Directive 8.4.

I understand that additional information is available through the LSUHSC – Shreveport website.

Signature

Date

Print Name