



FLORIDA ATLANTIC UNIVERSITY

PAYROLL CHECK CANCELLATION FORM

DATE _____

FROM _____ PHONE EXTENSION _____

EMPLOYEE ID NO: Z _____ NAME: _____

DEPT NAME: _____ ORG NO: _____

INDEX NO: _____ PAYDATE OF CHECK _____

POSITION NO: _____ SUFFUX NO. _____ RATE OF PAY _____

POSITION START DATE _____ END DATE _____

** REASON (S) FOR CANCELLATION: _____

**** I HAVE VERIFIED THAT THE PAYMENT I AM CANCELLING BELONGS TO MY DEPARTMENT AND DOES NOT INCLUDE PAY FROM OTHER JOBS THAT THE EMPLOYEE MAY HAVE. _____ YES _____ NO**

**** SIGNATURE REQUIRED _____**

IF THE PAYROLL IS DIRECT DEPOSIT PLEASE SUBMIT FORM TO PAYROLL BY TUESDAY 9AM OF THE PAYWEEK.

FAX THIS FORM TO PAYROLL FAX NO. 561-297-1062