



REQUEST TO CANCEL PAYROLL WARRANT

Warrant Number: _____ District #: _____ Reason: _____

Name: _____ EE # or Ext. Ref. #: _____

Date Paid: _____ Period End: _____ Effective Year/Qtr: _____

Reissue Warrant? Y _____ N _____ Reissue on: _____ Pay Date: _____

Gross Pay: Same _____ Diff _____ New Gross: _____

Summer Pay: N _____ Y _____ (District adjustment of employee summer pay completed)

Vol Deds: N _____ Y _____ (BMAS will adjust if warrant is to be re-issued)

INSTRUCTIONS: Please attach the following documents to avoid processing delays:

- Post-Production PAY510 showing the warrant to be cancelled
- Warrant – OR – Affidavit of Lost/Destroyed Warrant (including witness signature)
- Request for Vol-Ded Change Prior to Vol-Ded Run (PR008) (if applicable)

Summer Refund: _____

Total Gross: _____ Total Vol-Deds: _____

Gross Subject to: _____

Tax: OASDI: _____ MEDI: _____ SDI: _____

Federal Tax: Advance EIC: _____ OASDI: _____ (EE) (ER)

State Tax: County Tax: _____ STRS: _____ (EE) (ER)

PERS: (EE) (ER) MEDI: (EE) (ER) SDI: _____

Surv Ben: _____ Misc. Deducts: _____ Net Pay: _____

Check here for Stop Payment Authorization

District Authorized Signature

Date

COUNTY USE ONLY:

Date of Cancellation: _____ Date of Stop Payment: _____ STRS/PERS (Circle one)

Date if Transfer: _____ Vol-Ded Adj: Yes No

Tax SS: _____ 941X: _____ DE9 Adj: _____ Bk to Prior Qtr: _____

Rec'd and Shredded warrant
Or Rec'd faxed copy of Wt. Warrant not returned; affidavit attached
Or APD Retrieval, ER generated.

Processed by: _____