



# REQUEST FOR STOP PAYMENT OF PAYROLL CHECK

### EMPLOYEES INSTRUCTIONS:

1. Use this form to request a stop payment on a lost payroll check and to request a replacement check. Please contact the Office of Payroll Management at (571)-423-3500 **prior to submitting and completing this form.**
2. Complete Section I below.
3. Stop Payment requests **will not be accepted until three (3) business days after payday.** Example: Stop Payment requests will be accepted beginning the Wednesday following a Friday payday.
4. Forms may be mailed or faxed. Fax completed form to (571)-423-3507, scan to [payroll.help@fcps.edu](mailto:payroll.help@fcps.edu), or mail completed form to the Office of Payroll Management, 8115 Gatehouse Road, Suite 2200, Falls Church, VA 22042. The replacement check **can be mailed to your home address on file or picked up at the Office of Payroll Management.** Hours of operation are Monday through Friday, 8:00 AM--4:30 PM. Valid photo identification must be provided.

### SECTION I (To be completed by employee)

#### PRINT OR TYPE

Employee Name (Please Print-First, MI, Last)		Employee Number  _ _ _ _ _ _ _
Street	Apt. Number	Last Four Digits of Social Security Number  X X X X - X X - _ _ _ _
City	State	Zip Code

Reason for check reissue (check one):  Lost in Mail  Lost After Receipt  Stale Dated Check

Please call when check is available for pickup: Phone Number \_\_\_\_\_

Please mail reissued check

For consideration of a duplicate payment, the undersigned agrees to indemnify and save harmless, Fairfax County Public Schools (FCPS), for the amount of the original check in the event payment thereof be held against FCPS.

*In the event the original check is received, you must return it immediately to the Office of Payroll Management, 8115 Gatehouse Road, Suite 2200, Falls Church, VA 22042, with no attempt to cash it under penalty of fraud.*

I acknowledge receipt of no benefit from check dated \_\_\_\_\_

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_

### SECTION II Payroll Use Only

Address Change Submitted

Check Number 153- \_\_\_\_\_ Net Amount \$ \_\_\_\_\_

ACH \_\_\_\_\_ CU \_\_\_\_\_ SF \_\_\_\_\_

Pay Period # \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Prepared by \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_ Date \_\_\_\_\_ PR 51 Copy Attached \_\_\_\_\_

CA# \_\_\_\_\_ Date \_\_\_\_\_