

OFFICE OF PAYROLL
STOP PAYMENT REQUEST
OFFICIAL DECLARATION OF NON-RECEIPT OF PAYCHECK

NAME: _____ ID NO.: _____ PHONE NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

By providing this information, we will be able to contact you via text message once your check is ready. If you do not hear from us within 4 business days, you may contact us at the number below for an update.

Mobile Number: _____ Carrier: AT&T / Verizon / T-Mobile / Sprint / Boost / Virgin

FILING A FALSE CLAIM IS A CRIMINAL OFFENSE

Employee, _____ states that they reside at the address above.
(Employee Name)

Employee acknowledges that they are the person named in check # _____, dated _____ in the amount of \$ _____, drawn by the Treasurer of School Monies, Newark Public Schools on Bank of America. Employee states that they never received, endorsed or authorized any other person to endorse their name on said check, and that they never received the whole or any part of the proceeds thereof.

Employee agrees that should they receive the check, they will write “VOID” across the face of the check, notify and return said check to the Office of Payroll. Employee further agrees that should said check be cashed, they will file an affidavit declaring the endorsement a forgery.

Employee agrees and understands that a stop payment / administrative fee of \$15.00 will be applied. The employee further agrees that this fee will be processed as a payroll deduction, on the reissuance of said check.

Employee Signature

Date

Payroll Representative

Date

Approved By: _____

Randy Schrader
Director of Payroll

Date