



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, 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.
5. To avoid similar problems in the future, choose to have your pay directly deposited to a banking institution. To participate in direct deposit for future pay, please complete form FS 73-12, Direct Deposit Authorization Agreement and submit it to the Office of Payroll Management.

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 _____