

**STOP PAYMENT OF PAYROLL CHECK**

MAIL TO: DISTRICT SCHOOL BOARD OF PASCO COUNTY  
7227 Land O' Lakes Blvd.  
Land O' Lakes, FL 34638

ATTN: PAYROLL DEPARTMENT - Fax (727) 774-2571

**PLEASE PRINT**

DATE OF REQUEST: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

DATE OF ORIGINAL CHECK: \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

REASON FOR STOP PAYMENT:

- \_\_\_\_\_ Never Received
- \_\_\_\_\_ Misplaced
- \_\_\_\_\_ Destroyed (Attach remains of check)

(If the lost check is found after a stop payment has been issued, do not cash it. Return the check to the Payroll Department)

**I authorize the Board to deduct the cost of the stop payment from the reissued check.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

FOR DEPT. USE ONLY: