

**University of Florida
Check Cancellation Request**

Department ID: _____
Employee Name: _____
Employee UFID: _____
Employee Record #: _____
Pay Period ID: _____
Check Date: _____
Check Number: _____
Check Net Amount: _____

Reason for Cancellation:

I confirm that the above information is correct and that the Payroll Department has been authorized to cancel the above employee's check for the pay day indicated above.

Employee's Time and Labor Processor:

(Processor's Signature) (Date)

(Printed)

Please fax the completed form to University Payroll Services at 352-846-0166.