



PAYROLL SERVICES

Payroll Payment Cancellation Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about you on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact our office using the information at the bottom of the form.

INSTRUCTIONS This form is used to request cancellation of a payroll payment made to an employee. The form must include the information requested below, be accompanied by the required supporting documentation, and include the proper signature of approval.

Table with 2 columns and 6 rows: Employee Name, UIN, Pay Period, Pay Date, Department Name, Department Contact Name & Email, Gross Overpayment, Net Overpayment*

Indicate Type of Cancellation:

- Total payment cancellation for employees enrolled in Direct Deposit
Only check this box if Payroll Services will receive this form no later than 3 business days after pay date listed above.
Must include a copy of the Direct Deposit Reversal Notification to Employee Form with this form.
Total payment cancellation
Department is responsible for collecting a check from the employee made payable to TAMU in the amount of the net overpayment and submitting to Payroll Services.
Partial Payment Cancellation
Department is responsible for collecting a check from the employee made payable to TAMU in the amount of the net overpayment and submitting to Payroll Services.

Explanation of Cancellation:

Large empty box for providing an explanation of cancellation.

*Net Overpayment will be calculated by Payroll Services.

Signature of Department Head (or designee with dept. signature card authority)

Date

SUBMIT TO: Payroll Services, General Services Complex, Suite 1201, MS 1261, payroll@tamu.edu, Fax 979-845-4134