

Payroll Payment Cancellation

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.

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself 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 Payroll at payroll@tamu.edu or (979) 845-2711.

Employee Name		UIN	
Pay Period		Pay Date	
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Department Name		Department Contact Name & Email	
	Gross Overpayment	Net Overpayment * (will be calculated by Payroll)	
Indicate Type of Cancellation:			
	In the payment cancellation for employees enrolled in Direct Deposit Only check this box if Payroll will receive this form no later than 3 business days after the pay date listed above.		
	Must include a copy of the Direct Deposit Reversal Notification to Employee Form with this form.		
	Total payment cancellation – HUB collects Check		
	HUB HR Professional is responsible for collecting a check from the employee made payable to TAMU, TAMHSC or TAMUG in the amount of the net overpayment and then submit the check and this form to Payroll.		
	TAWOG IN the amount of the net overpayment and then Submit the Check and this form to Fayfoll.		
	Partial Payment Cancellation – HUB collects Check		
	HUB HR Professional is responsible for collecting a check from the employee made payable to TAMU, TAMHSC or		
TAMUG in the amount of the partial net overpayment and then submit the check and this form to Payroll.			
Explanation of Cancellation:			

Department Head, Dean or Director Signature

Print Name of Department Head, Dean or Director

QUESTIONS / SUBMIT TO: Payroll General Services Complex, Suite 2201 MS 1261 payroll@tamu.edu Fax: 979-845-4134

Date