

## REQUEST FOR CANCELLATION OF UMCP PAYROLL CHECK

### Overview:

If an employee is completely overpaid and a check has been created, the Department must submit a request Payroll Services to cancel the check.

If an employee works for multiple departments or is otherwise due any part of the check, this method **cannot** be used. The check must be given to the employee and the overpayment either recouped via overpayment recovery adjustment in PHR or via personal check.

### Process:

- 1.) Make sure the appointment terminated.
- 2.) Complete the check cancellation form in its entirety.
  - a. Request **MUST** include the KFS Account Number and Object Code for returning the funds. Form will be returned without this information.
  - b. If known, please include the GENU account that is associated with the KFS account.
- 3.) Provide a detailed reason why the check needs to be cancelled.
- 4.) Sign and date the form.
- 5.) Send the form and actual check to Kim Williams - Payroll Services via Campus mail or they can be dropped off in the Payroll Services mailbox in the 1<sup>st</sup> floor hallway of the Chesapeake Building.



# UNIVERSITY OF MARYLAND

OFFICE OF THE COMPTROLLER  
PAYROLL SERVICES

1101-L Chesapeake Building  
College Park, Maryland 20742-3121  
301.405.5665 TEL 301.405.8685 FAX

## REQUEST FOR CANCELLATION OF PAYROLL CHECK

TO: JoAnne Mealo-Wentz  
Payroll Services  
1101-L Chesapeake Building  
College Park, Maryland 20742

Today's Date: \_\_\_\_\_

### 1. Employee/Check Information:

Employee's Name: \_\_\_\_\_

UID: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Gross Amount Overpaid: \_\_\_\_\_

KFS Account # and Object Code: \_\_\_\_\_

Associated GENU Account: \_\_\_\_\_

### 2. Reason for Cancellation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Certification by Department:

I hereby certify that the attached payroll check should be cancelled because the employee has been terminated so the overpayment cannot be recovered from a future pay period:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division/Department

\_\_\_\_\_  
Telephone #