

## **Paycheck Return Form**

Date:	
Employee Name:	
Employee's Assignment Number:	
Affected Pay Cycle:	
Check No.	_
Reason for Check Return. Check one and enter effective date.	
Reason	Effective Date
Terminated	
Leave of Absence	
Overpaid	
Other	
Name of Person Completing Form:	
Telephone:	

\*\*State Paycheck, Direct Deposit Statement, or Personal Check must be attached.