

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@tamucc.edu or (361)-825-3231.

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 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

Department is responsible for collecting a check from the employee made payable to TAMUCC in the amount of the net overpayment and then submit to Payroll.

Partial Payment Cancellation

Department is responsible for collecting a check from the employee made payable to TAMUCC in the amount of the net overpayment and then submit to Payroll.

Explanation of Cancellation:

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**Net Overpayment will be calculated by Payroll.*

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

Date

QUESTIONS / SUBMIT TO:

Payroll
6300 Ocean Drive, Unit 5739
Corpus Christi, TX
payroll@tamucc.edu