

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Client Name \_\_\_\_\_ Client Number \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_

Date of Check \_\_\_\_\_

Please void the above referenced payroll check for the following reason: (check one)

\_\_\_\_\_  
Employee has terminated and did not earn wages after \_\_\_\_\_ (date).  
(Attach copy of Termination Report)

\_\_\_\_\_  
Employee did not work during the pay period \_\_\_\_\_ (effective dates).

(Explain) \_\_\_\_\_

On-Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

ATTACH THE ORIGINAL CHECK AND RETURN TO YOUR CLIENT SERVICES  
PAYROLL SPECIALIST