

Paycheck Return Form

Date:	
Employee Name:	
Employee's Assignment Number:	
Affected Check Date:	
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:	

**A personal check must be attached.

WVU Payroll One Waterfront Place, PO Box 6005, Morgantown, WV 26506-6005 Phone: 304.293.3379 Fax: 304.293.7266