

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.

<u>Reason</u>	<u>Effective Date</u>
___ Terminated	_____
___ Leave of Absence	_____
___ Overpaid	_____
___ Other	_____

Name of Person Completing Form: _____

Telephone: _____

**A personal check must be attached.