PAYROLL STOP PAYMENT REISSUE REQUEST

Department #: ___________________ Division: ___________ Section: ___________

**VOIDED ISSUE**

Check #: ___________ Date Issued: ___________

**RE-ISSUE INFORMATION**

Employee Name: ___________________________________________________________________________

Net Amount: _______________________________ Employee ID#: ________________________________

Pay Period: _______________________________ Gross Amount: _________________________________

Federal: ___________________________________ State: _______________________________________

Local: _____________________________________ OASDI: _______________________________________

Medicare: ___________________________________ Other: _______________________________________

Reason for Reissue: _______________________________________________________________________

Mailing or Pick-up Information: ______________________________________________________________

*Please submit the detailed check register information from PHRST (Report DPR011)*

**NEW ISSUE**

New Check #: ___________ Date Issued: ___________ Net Amount: _____________________________

For The Office of the State Treasurer Use Only