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

Dept. #: Division: Section:

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| **ORIGINAL ISSUE** |
| Check #: Date Issued: |

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| **RE-ISSUE INFORMATION** |
| Employee Name: Net Amount: Employee ID#: Pay Period: Gross Amount: Federal: State: Local: OASDI: Medicare: Misc. Deductions: Reason for Reissue: |

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| **MAILING OPTIONS \*Requests made after 11 AM will be processed the next business day\*** |
| Mailing Address (check one option):  Agency’s address (include SLC)  Employee’s address |

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| **AGENCY CONTACT INFORMATION** |
| Agency Name: Agency Contact: Email Address: Phone Number: |

Email this completed stop payment form, the DPR011 form, and any other necessary documentation to [Treasury\_RTM\_HelpDesk@delaware.gov](mailto:Treasury_RTM_HelpDesk@delaware.gov), using the subject line - **Payroll Stop Payment Reissue Request.**

# **For the Office of the State Treasurer Use Only**

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| **NEW ISSUE** |
| **New Check #: Date Issued: Net Amount:** |