

## Stop Payment Request

Employee Name		BlazerID	
Employee ID#	Phone	Email	
	roll check for which I am	a at Birmingham and do corequesting a stop paymen	
□ Misplaced □	□ Damaged □ Neve	r Received □Stale-d	ated (> 90 days)
☐ Other (please expla	ain)		
Employee's Signature  Date  Please send completed form to Payroll Services via fax (205) 975-7417 or email (payhelp2@uab.edu).			
To be completed by UAB Payroll Services			
Check Number	Check Date_	Check Amou	int
Replacement check	Hold for pic	kupMail	