



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## Payroll Payment Cancellation Request

**Instructions:** This form is used to request cancellation of a payroll payment to an employee. This form must include the following information:

|                                       |  |
|---------------------------------------|--|
| Employee's Name                       |  |
| Employee's UIN                        |  |
| Paying Account                        |  |
| ADLOC                                 |  |
| Employee's Department                 |  |
| Pay Date                              |  |
| Department Contact                    |  |
| Department Contact's Telephone Number |  |
| Department Contact's Email Address    |  |

### Explanation of Cancellation:

|  |
|--|
|  |
|--|

### Signature of Department (or designee )

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Title          |  |
| Date           |  |

### Submit Completed Form to:

**PVAMU – Payroll Services**  
Room 114 WR Banks  
Fax: 936-261-1955

**Questions:**  
payroll@pvamu.edu  
936-261-1904