RETURN CHECK FOR REVERSAL / REDUCTION

DATE: 
TO: Payroll Services
ATTENTION: __________________________
FROM: 
RE: Check Number ________________

The attached check is being returned to Payroll Services for the following reason:

☐ The check needs to be cancelled. The transaction to reverse the payment was processed for the payday of __________ on the __________ screen. The sequence number of the transaction is ____________.

☐ The check needs to be reissued to the employee. A transaction was processed to reduce the gross amount of the check for the payday of __________ on the ___________ screen. The sequence number of the transaction is ____________.

☐ Other, please explain below.
________________________________________________________________________
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The completed form and the check should be sent to: 
UCLA Payroll Services, 10920 Wilshire Blvd, Suite 620, Los Angeles, CA 90024.