

San Diego County Office of Education
REQUEST FOR WARRANT CANCELLATION – Form 95

Date:

District:

Contact Person:

Detailed Description of Cancellation Reason:

Warrant Information:

Company

Warrant Number

Pay Group

Warrant Issue Date

Pay Period End Date

Employee ID

Employee Name

Net Pay

* Attachments Required – Original Warrant or Pay Stub or ACH Return Confirmation or Affidavit

** Please submit at least 2 working days prior to the Off-Cycle date

Authorized Signature

Contact Info

Payroll Services Use Only:

Process Type: ___ Cancel ___ Salary Overpayment

Time and Labor Option: ___ Reverse Only

Accounting Period Option: ___ Current

Attachments Rec'd: ___ Original Warrant ___ Paystub ___ ACH Return Confirmation ___ Affidavit

Processed By: _____ Date: _____