



SEND COMPLETED FORM TO:  
 HMSHost  
 6905 Rockledge Drive  
 Bethesda, MD 20817  
 Attn: Corporate Centralized Payroll

## REQUEST FOR STOP PAYMENT OF A PAYROLL CHECK

Pay Ending  
Date of Check

DEPARTMENT ID				

Today's Date: \_\_\_\_\_

Associate's  
Name: \_\_\_\_\_

*(Please Print)*

Employee ID: \_\_\_\_\_

Check  
Number \_\_\_\_\_

Net  
Amount \_\_\_\_\_

Unit Telephone Number  
Including Area Code *(required)* \_\_\_\_\_

**Check Only One**

On or about \_\_\_\_\_  
Date

- I Lost**  
 **I Did Not Receive** my check and request that payment be stopped thereon.  
 **I Damaged**

*I solemnly swear that I did not endorse or receive value for my check and request that a replacement check be issued.*

Signed: \_\_\_\_\_  
Associate's Signature

**Check Only One**

Witnessed By: \_\_\_\_\_

**Credit of Wage** (Unit receives credit  
- no replacement check required)

Approval: \_\_\_\_\_  
Manager's Signature

**Generate Replacement Check**  
(address information required below)

**I Request That My Replacement Check Be Sent To:**

**First Class Mail**

NAME *(Please Print)*

**Overnight Courier** (unit charged -  
requires manager's signature)

STREET ADDRESS

CITY

STATE

ZIP CODE

**STATEMENT OF NOTARY *(required)***

State of \_\_\_\_\_ County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

My Commission Expires: \_\_\_\_\_  
Date