

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

*** Attachment Required – Original Warrant, Review Self Service Paycheck, or Affidavit**

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: _____