

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PAYROLL SECTION
STOP ORDER FORM**

UNIT ID _____

EMPLOYEE NAME _____

SOCIAL SECURITY NO. _____

EMPLOYEE POSITION NO. _____

MONTH APPLICABLE _____

REASON FOR STOP ORDER _____

DATE & TIME CALLED IN _____

AUTHORIZED SIGNATURE _____

****ALL STOP ORDERS MUST BE CALLED IN TO YOUR PAYROLL CLERK NO LATER THAN 10:00 A.M. ON STOP ORDER DAY. PLEASE SEE YOUR CURRENT TIME SCHEDULE FOR THE EXACT DATE. THE STOP ORDER FORM MUST BE COMPLETED, SIGNED AND FORWARDED TO THE PAYROLL OFFICE ON STOP ORDER DAY. IN ORDER TO MEET PAYROLL DEADLINES, THE FORM MAY BE FAXED TO THE PAYROLL OFFICE.**