

Pratt Institute

Stop Payment/Stale Dated Check Replacement Request

****Paylocity's electronic version of your pay statements is available at <https://access.paylocity.com/>.
Please fill out each section clearly and legibly. Incorrect information will delay processing.**

Last Name: _____ **First Name:** _____

Pratt ID Number _____

___ Staff/Administrative ___ Continuing Education ___ Facilities/Security
___ Part Time Faculty ___ Full Time Faculty ___ Student Employment

Check Date: ____/____/____ **Check Number:** _____

Gross Amount: _____ **Net Amount:** _____

Reason for Stop Payment Request:

Current Mailing Address:

Pratt Email Address: _____

Phone Number: (____) ____ - _____

Employee Signature: _____ **Date:** ____/____/____