

**CITY OF CHICAGO**



**DEPARTMENT OF FINANCE  
CITY COMPTROLLER'S OFFICE  
CITY WIDE PAYROLL DIVISION  
33 NORTH LA SALLE  
SUITE 700  
CHICAGO, ILLINOIS 60602  
FAX 312-744-8407**

**PAYROLL CHECK STOP PAYMENT REQUEST**

**PLEASE ATTACH A COPY OF SOE (statement of earnings)**

**CHECK #** \_\_\_\_\_

**CHECK DATE** \_\_\_\_\_

**NET AMOUNT** \_\_\_\_\_

**EMPLOYEE NAME AND EMP #** \_\_\_\_\_

**DEPARTMENT NUMBER** \_\_\_\_\_

**DEPARTMENT NAME** \_\_\_\_\_

**CHECK ENDORSED BY PAYEE:**      YES \_\_\_\_\_ NO \_\_\_\_\_

**REASON FOR STOP** \_\_\_\_\_

**REPORT BY:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

Office use only: Completed by: _____ Date: _____
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