

Request for Lost or Stolen Check Form

To be complete by Requestor:

Name _____ SSN _____
Date of Birth _____
Address _____
Telephone Number _____

I have not received my payroll check for the pay period beginning _____
and ending on _____ dated _____

Provide brief explanation as to the possible disposition of the original check.

I acknowledge that the replacement of a payroll check will require 24 to 72 hours.

Certification/Authorization

I certify that if I obtain possession of the original check at a later date, I will promptly return the check to the cashier's office in Harris Hall. If the original check is cashed or deposited by me, I fully authorize the University to take necessary action to reimburse the institution. This includes, but may not be limited to: charges to an individual's account with the University, and offsets from any salary payments or other amounts due to an individual by the University.

Signature

Date

For Office Use Only:	
Date of Check	_____
Check Number	_____
Amount of Check	_____
Payee	_____