



PAYROLL REPLACEMENT CHECK REQUEST

NAME: _____

ADDRESS: _____

I am requesting a replacement check for my original paycheck for the following pay period ___/___/_____ for the following reason(s):

- Lost in the mail (you must return the original check should you receive it in the mail)
- Check damaged in the mail (please return the damage check along with this request)
- Other: (Explain)_____

Signature

Date

This form should be faxed to Carol Porter in the payroll Dept.766-8732. Be sure to place the original in the pony.