

Administrative Form PAY-F014

REQUEST FOR REPLACEMENT CHECK

425 E. Ninth Street, Reno, NV 89512 Phone: (775) 348-0341

Responsible: Office of Business and Financial Services, Payroll Department **Procedure:** Submit completed form to the Payroll Department in person, via email

<u>EOPY@washoeschools.net</u> or through interoffice mail. A Stop Payment will be issued on the original check upon receipt of this form. Please allow 2-3 business days for replacement check to be issued.

Employee Information Name: _____ Employee ID #: _____ School/Dept: Last 4 of SSN: District E-mail: ______ Phone Number: _____ Mailing Address: **Replacement Check Information** *To obtain check details, log into Employee Online. Check #:_____ Check Date:_____ Check Amount: _____ Reason for replacement request: I never received this check My mailing address has changed and I have updated it on Employee Online The original check has been lost The original check has been destroyed The check is stale dated I have the original check Select how you would like to receive your replacement check: ☐ I will pick up replacement check from Payroll Office (please bring an ID) Send replacement check via USPS to mailing address I understand that if I attempt to cash the check on which the Stop Payment has been placed the district reserves the right to pursue appropriate collection action to include withholding repayment from my future wages or legal action to recover funds as necessary. Employee Signature Date PAYROLL DEPARTMENT USE ONLY Date Request Received: _____ Processed By: _____