



Request for Replacement Check

Date

Employee Name

Social Security #

Date of Paycheck to be replaced

I am requesting a replacement check for the following reason:

I never received this check

Check was damaged (please attach)

I lost this check

Other (explain)

- I have allowed ample time for postal delivery of my check, if it is sent by mail.
- I understand that my request for a replacement check requires the university to contact the bank to place a stop payment on the original check. Once initiated, the university cannot stop this process. If I should then receive my original check, I will be unable to cash it.
- I understand that replacing my check takes some time to process, and depends on when the university receives confirmation from the bank.
- I understand that if I should come into possession of the original check, it is my responsibility to notify the Department of Human Resources and Payroll immediately at 401-598-1034.
- I also understand that if I cash both the original check *and* the replacement check, I will be responsible for re-payment of this amount to Johnson & Wales University.
- I understand that in the event that I cash both the original and the replacement check, my signature below authorizes Johnson & Wales University to deduct the amount of the original check from any future wage payment due to me, along with any fees incurred by the University as a result, should I be actively employed with Johnson & Wales University.

Employee signature

Date

OFFICE USE ONLY

Check

Pay Date

Check Amount

Pay Group

Payroll Associate

Date of Stop Payment

Date cleared in Ulti

Clear date used

Updated to check database

Re-issued check #