

**West Valley Mission Community College District
Payroll Department
Replacement Check Request**

PAYEE NAME: _____ **SS # (last 4)** XXX-XX- _____

PAYEE ADDRESS: _____

PAYEE PHONE: _____

PAYROLL ISSUE DATE: _____

CHECK NUMBER: _____ (if known)

NET AMOUNT OF CHECK : _____ (if known)

REASON FOR REPLACEMENT:

- Never received - no change of address
- Never received - moved/address changed
(be sure correct new address is listed above)
- Lost after receiving
- Other-(explain) _____

I declare under penalty of perjury that the foregoing is true and correct.

Employee Signature

Witness Signature (Payroll or Human Resources need to verify ID)

**** Note -
If the lost check is found - it must not be cashed once this form is filled out. Please return to Payroll.**