

## LOST CHECK CERTIFICATION

### SECTION A: PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION B: CHECK INFORMATION

**(You may call the Payroll office if you are not sure about the check information: (909)537-7225)**

I certify that a payroll check # \_\_\_\_\_ was issued to me by the UEC at CSUSB

in the amount of \$ \_\_\_\_\_ for payroll check dated on \_\_\_\_\_.

### SECTION C: ACTION TAKEN

Please check the following:

I never received the check

I lost the check

I request that a new check be issued to me for this amount. I agree that in the event of the original check coming into my possession, I will immediately return it to UEC at CSUSB for cancellation.

Mail Check

or Hold Check for Pick Up

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please sign, date and print the form**

#### UEC at CSUSB USE ONLY:

\_\_\_\_ Bank verification done on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_ Stop Payment issued on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_ Replacement check issued # \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

**(02/15)**