



Please allow 3-5 business days to process application

EMPLOYEE INFORMATION- All Fields are Required		
Last Name	First Name	Empl ID #
Date of Request	Select one <input type="checkbox"/> Mail Check to Address Below <input type="checkbox"/> I will Pick Up From Payroll Office	Contact Phone #
Address <input type="checkbox"/> Please check this box if you would like to update WD with this address.		Email Address:

CHECK INFORMATION		
Check Date:	Check Number:	Check Amount: \$
Check Date:	Check Number:	Check Amount: \$
Check Date:	Check Number:	Check Amount: \$

EMPLOYEE ACKNOWLEDGEMENT
<p>The above check was either not received or received but subsequently lost. My signature on this affidavit is my certification that I have not negotiated this check, will not negotiate this check, and I hereby agree that should the original of the check(s) issued hereunder come into his/her possession or control, at any time, he/she will not cash the original check(s) on which a stop payment has been placed, and will surrender the original check(s) immediately to The University of Rochester, Payroll Office.</p> <p>I understand that a replacement check will be issued to me and when negotiated, I have not filed a false claim with the University of Rochester to attempt to secure funds not due to me. If due to any reason, the original check <u>and</u> the substitute (reissued) check are cashed, I hereby agree to repay the University, providing the original check and substitute (reissued) check endorser signature is mine.</p> <p>Employee's Signature: _____ Date: _____</p>

Return Form To:

University of Rochester

Payroll

or

Fax: 585-427-7188

Box 278893

Rochester, NY 14627-8893

Upon picking up the check at the payroll window, please print and sign your name below, along with the date:

_____	_____	_____
Signature	Print Name	Date

PAYROLL USE ONLY						
Pay Group:		Stop Date:	Replacement Date:	Batch#	New Check #:	Date Employee Notified/ Check Mailed: