

REQUEST FOR REPLACEMENT OF LOST/STOLEN PAYCHECK

Name: _____ SS #: _____

Title: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

E-mail address: _____

Check Date: _____

Reason for Request:

- Paycheck was lost
- Paycheck was stolen
- Other: _____

The check was was not endorsed. (check one)

Signature: _____ Date: _____

Please submit this form to the Human Resources Office at Baruch College – CUNY, One Bernard Baruch Way, Box D-0202, New York, 10010. Telephone requests for replacement checks will not be accepted.

The request will be processed upon receipt of this form and cannot be reversed if the original check is recovered. A replacement check takes four to six weeks to process, and will be mailed to the address on file.