

**Nyack College  
Replacement for Lost Paycheck  
Request Form**

**NOTE: Replacement checks will be issued 45 days after the original check date.**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone number where you may be reached: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Weeks Worked: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

I \_\_\_\_\_ hereby declare that I have lost the above referenced paycheck. Please put a "Stop Payment" on it and re-issue a replacement check. I understand that if the original check is found it must be returned to the Payroll Department and if I cash the check the college must be paid back in full. A violation of this statement may affect my employment and/or academic standing with Nyack College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature (For Payroll use only)

\_\_\_\_\_  
Date