



# The University of Georgia

## Payroll Department Check Replacement Request

I certify that my payroll check dated \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ has been

lost,  destroyed, or  stolen, as described below:

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I further understand that the original check will be voided by the issuance of a replacement check; and that in the event it should be found at a later date, it will be mailed directly to the Payroll Department of the University of Georgia.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Street

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

(Space below double lines to be used by Payroll Department)

**THE UNIVERSITY OF GEORGIA**

**STATEMENT OF EARNINGS AND DEDUCTIONS**

**NO.**

EMPLOYEE NAME	EMPLOYEE NO.	DIST	DEPT	LEAVE	FED	ST	PAY PERIOD ENDING	PAYMENT DATE	CHECK NO.
CURRENT YEAR TO DATE	DEDUCTIONS								
GROSS DEDUCT NET	CURRENT YEAR TO DATE				CURRENT YEAR TO DATE				
CURRENT ITEMIZED GROSS									