Office of the Controller
PAYROLL
Administration Bldg. Room 148
Ph. (561) 297-3115
Fax (561) 297-1062
http://www.fau.edu/controller/payroll/

REQUEST TO ISSUE A REPLACEMENT CHECK

I, _____, request that a duplicate check be issued for the following reason (s):

____ I never received the original check.

____ The original check was destroyed or lost.

***** Request may only be made two weeks after the check date. *****

***Required information:**
*Request will not be processed in not fully completed. *This information may be obtained from employee self service.*
https://myfau.fau.edu/cp/home/displaylogin

*Employee Identification Number. Z _____

*Check Pay Date: _____*Pay#: _____

*Net check amount: $_____*Check #:_____

*Employee phone number _____ *E-Mail _____

*Employee address: _____

Attach copy of photo ID

SIGNATURE _____DATE_____

I hereby affirm that the above information is a true and factual statement. I also affirm that if I do receive or find the original check that I will not cash the check but return it to the Payroll Department Office immediately. In the event I do cash or deposit both original and replacement checks, I understand that the Payroll Department will, at its discretion, recommend to pursue all collection efforts at its disposal, and/or notify the appropriate credit-reporting and prosecuting authorities.

Please note it will take approximately 10-15 working days to investigate and re-issue a check. You will be notified when the re-issued check is ready for **pick-up**, providing it was not cashed.

Revised 10/30/08

Reset Form