VOID & REISSUE PAYMENT REQUEST

Employee / Faculty Name: _____   EMPL ID: _____

Day Time Phone #: _____   Email: _____

Address: _____

Check information (Date of Check is required):

Check #: _____   Net Amount: _____   Date of Check: _____

Whereas San Diego Community College District, hereinafter referred to as SDCCD, has issued the aforementioned check to the undersigned, _____, hereinafter referred to as the Payee. And, whereas the Payee requests that a duplicate check be issued to her/him because:

☐　　Said check was not received

☐　　Said check was received but has subsequently been lost, stolen, or destroyed so that is cannot be found or produced.

And, whereas the Payee affirms that the circumstances in connection with the loss, theft, or destruction were as follows
(This area **must** be completed):

And, whereas the Payee affirms that said check:

☐　　　Had not been endorsed prior to the loss, theft, or destruction thereof

☐　　　Had been endorsed prior to the loss, theft, or destruction thereof.

Therefore, in consideration of SDCCD's reliance on the foregoing affirmations and representations, and in order to induce SDCCD to issue a duplicate check in the net amount of $_____ the Payee hereby requests that SDCCD stop payment on the above-referenced check. The Payee agrees that the Payee will furnish to SDCCD any information which is subsequently relative to this check issued, on which payment is being stopped.

The Payee further agrees that in the event the original check hereafter comes into his/her possession, it will immediately be delivered to SDCCD for cancellation. If this is not the case and the employee cashes both the original and the replacement checks, the employee agrees that the entire amount of the overpayment shall be collected on their next scheduled payroll.

I certify under penalty of perjury that the foregoing is true and correct. I agree to repay the San Diego Community College District the amount of this replacement warrant plus interest and reasonable collection expenses if my actions have caused the SDCCD to issue this warrant and it is not owed to me.

Email this form to hrpayroll@sdccd.edu, or fax 619-388-6899, or mail to 3375 Camino Del Rio South, Rm 380, San Diego, CA 92108.

_____   _____
Payee's Signature   Date

Date rec'd: _____   Received by: _____   Void Date: _____   Date reissued:_____   Check #: _____

☐ **Mail**　　☐ **Pick Up**　　**Payroll Technician: _____**　　**Payroll Accounting Technician: _____**