CITY COLLEGES®
OF CHICAGO

REQUEST FOR PAYCHECK REPLACEMENT

Date of Request: _____

EMPLOYEE INFORMATION:

Name: _____	Employee ID No.: _____
College/District Office: _____	Home Number: _____
Department: _____	Work Number: _____

Please void and issue a replacement check for the original payroll check below:

Check Number: _____   Issue Date: _____   Net Pay Amount: **$_____**

Reason for Replacement Check Request:

☐ Lost/Misplaced   ☐ Never Received   ☐ Destroyed   ☐ Other (Explain) _____

- The replacement check will be issued once it is verified that the original check was not cashed and after the check is voided at the bank.
- Please allow up to ten (10) business days for processing time before the replacement check is issued.
- The replacement check may not be a separate check and may be included with the current pay period payment.
- The replacement check may be sent via US Mail to the home mailing address currently on file in PeopleSoft.
- If the original check is found, the employee must **NOT** cash the original check. Otherwise, you may be subject to damages, return check fees, other fees imposed upon City Colleges of Chicago and repayment of the duplicate funds received.

Under penalties as provided by law pursuant to §1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this form are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he or she verily believes the same to be true.

Signature of Employee _____   **Date:** _____

FOR INACTIVE / FORMER EMPLOYEES ONLY: Must submit copy of valid photo ID to confirm mailing address.

CURRENT HOME MAILING ADDRESS:

Street Address _____ City _____ State _____ Zip Code _____

For The Office of Human Resources: Payroll Department USE ONLY:

Date Received: _____   Payroll - Processed by: _____   HR – Updated Address for Inactive by: _____

Check Number: _____   Check Date: _____   Net Pay Amount: _____