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## Affidavit of Loss or Theft of Check

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By filling out and returning this form to the University Payroll Office, you are affirming that you are the payee named in the check drawn against Illinois State University.

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### Paycheck Information

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*Requests may only be made on a per check basis.*

Check Number \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Check Date \_\_\_\_\_

I did NOT endorse this check before its loss or theft

I endorsed this check before its loss or theft

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### Identification

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UID \_\_\_\_\_ Name \_\_\_\_\_  
*Last* *First* *MI*

Email \_\_\_\_\_ Telephone \_\_\_\_\_

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### Authorization

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*This form is considered invalid if it has been altered in any way or any unauthorized additions have been made to it.*

By signing below, I hereby certify that neither I, nor anyone authorized by me, have received any of the proceeds of this check. I have not knowingly held this check. I have not received a replacement check or any other type of reimbursement since the date of the check given above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Payroll Office Use Only

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Date Received \_\_\_ / \_\_\_ / \_\_\_\_\_ Date Mailed \_\_\_ / \_\_\_ / \_\_\_\_\_ Employee: \_\_\_\_\_

Pickup Date \_\_\_ / \_\_\_ / \_\_\_\_\_ Employee Signature \_\_\_\_\_