

SAN DIEGO COMMUNITY COLLEGE DISTRICT

Affidavit to Void & Obtain Replacement of
Lost or Stolen or Destroyed Payroll Warrant

3375 Camino Del Rio South, San Diego, CA 92108-3883

Payroll Accounting (619) 388-6724

Employee Name: _____ Employee ID # : _____

Original Warrant Date: _____ Original Warrant #: _____ Warrant Net Amount: \$ _____

Mailing Address: _____

Home phone: _____ Work phone: _____ Work Location: _____

Circumstances of loss: _____

I would like to have the replacement warrant: available for pick up at the District Office
 mailed to me to the mailing address noted above

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.

Executed at: _____ on _____
(City & State) (Date)

Employee Signature

for Notary Use Only

This affidavit must be notarized if executed outside the State of California

Subscribed and sworn to before me this _____ Notary Seal:

_____ day of _____, _____
(date) (month) (year)

Personally Known OR Produced Identification _____

Type of Identification Produced: _____

District Use Only

Payroll Technician: Attach XPYHR report for the original warrant to this affidavit and submit to Payroll Accounting.

Payroll Accounting: Accounting Technician name: _____

Original warrant is outstanding as of _____ - Proceed with Void & Reissue.

Original warrant was paid on _____ - Do not replace!

Payroll Department: Original warrant Voided & Reissued on _____ Replacement Warrant #: _____

Remarks: _____
