



REQUEST FOR REISSUE OF LOST CHECK

Please print legibly

Payee: _____ **Date :** _____

Phone: _____ **E-mail:** _____

Pay Period Needed: _____

Date Needed: _____

I lost or did not receive my _____ paycheck.
Please cancel this check and issue me a new one. I agree that if the
original paycheck is found, I will not attempt to cash it, but will
return it to the Seattle Pacific University Payroll Office (3307 3rd
Ave W. Seattle, WA 98119).

Employee Signature

Date