

**Salt Lake Community College Payroll Office
Stop Payment-Replacement Form**

Date: _____

Affidavit to request replacement of a lost, stolen, damaged, undelivered or stale dated payroll check. **Please note that it takes 5 to 7 days to process this request.**

Name appearing on the check: _____

Employee No. _____ or SS# _____

Home phone No. _____ Work Phone No. _____

Check Information:

Pay Period End Date: _____ Pay Date: _____

Net Check Amount: _____ Check No. _____

Said check was:

_____ Lost _____ Stolen _____ Damaged _____ Undelivered to Employee _____ Stale Dated

_____ Hold for Pick-up from the Payroll Office _____ Mail to: _____

Affiant states that:

1. Said check has not been endorsed or negotiated to a third party.
2. This affidavit is given to induce a replacement check for one originally issued.
3. I agree to indemnify and hold Salt Lake Community College harmless from any claim or liability on the original check.
4. I further agree to return the check originally issued, if it is found or received after this date.
5. I understand that once this affidavit is signed the original check will no longer be a valid check and will not be cashed or deposited.

Affiant's Signature

Date

Witness Signature

Date

Payroll Office 957-4051
Academic and Administration Building (AAB) Redwood Campus (Room 305)
4600 South Redwood Road
Salt Lake City, UT 84123