**University of Arkansas**

**Request to Initiate the Lost/Stolen Check Process**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that by submitting this form, I am only requesting to initiate the lost/stolen check process. Someone from payroll will be in touch soon to gather additional information needed to reissue payment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Date Pay Type (Hourly, Monthly, OT/Supp)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Payee Name University ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address Phone

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Payee Signature Date

If you have questions, please contact 479-575-5351. Please submit this form to HR in ADMN 222 or fax to 479-575-6971.