

**LCTCS Centralized Payroll
Certification of Lost Payroll Check**

Use this form when a payroll or off-cycle check/EFT(Direct Deposit) has been lost, stolen or destroyed. It must accompany the Request for Stop Payment (LCTCSPR15) form.

I, _____, do hereby certify
(Employee Name)

that check number _____, issued by the LCTCS Centralized
Payroll for _____, in the gross amount of
(Institution Name)

\$ _____ and dated _____,

(MARK APPROPRIATE REASON)

_____ (A) was never received by me. I further certify that I have not received any remuneration for same, and if found by me, I shall return it to my Institution's human resources representative immediately.

_____ (B) was received by me on _____(date) and has been

() Lost () Destroyed () Other _____

I further certify that I have not endorsed in blank (Signature Only), nor cashed, nor presented this check for payment; and, if found by me, I shall return it to my Institution's human resources representative immediately.

Date: _____ Signature (Employee)

Comments:

Request processed by: _____ Date: _____