

# REPLACEMENT CHECK REQUEST

1. What paycheck(s) require replacement?

Paydate \_\_\_\_\_  
Paydate \_\_\_\_\_  
Paydate \_\_\_\_\_

2. Why do the paycheck (s) require replacement?

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

3. How are the paycheck(s) normally received (mail, secretary, etc)?

\_\_\_\_\_

4. What is current address and phone number?

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

5. Have any documents been recently requested from HR or Payroll (I-9 documents, Timesheet, etc)?

No \_\_\_ Yes \_\_\_                      HR \_\_\_ Payroll \_\_\_

Print Name

Signature

Birthdate

Date

**\*\*PLEASE RETURN BY MAIL OR FAX\*\***

MAIL	FAX
ORANGE COUNTY COMMUNITY COLLEGE 115 SOUTH STREET MIDDLETOWN, NEW YORK 10940  ATTENTION: PAYROLL DEPARTMENT	845-341-4670