

Replacement Payroll Check

I understand that if the original check is found, it must be returned immediately to Western Oregon University, Human Resources Office, 345 Monmouth Ave. N, Monmouth, OR, 97361.

Section 1: Employee Information		
Full Legal Name	WOU ID # V	
Phone Number	Home Phone Number	Email:
Section 2: Check Information		
Original Check Number	Payroll Check Issue Date	Net Amount of Check
Section 3: Receiving Check		
<input type="checkbox"/> I will pick up my replacement check at the Human Resources Office with picture I.D. <input type="checkbox"/> I would like my replacement check mailed to this address: <div style="border-top: 1px solid black; padding-top: 5px; display: flex; justify-content: space-between;"> Street/PO Box City State Zip Code </div>		

I state that I am the lawful payee of the Western Oregon University payroll check as referred to below.

I am completing this statement in compliance with Oregon Revised Statute 293.475 to obtain, from the Disbursing Officer of Western Oregon University, a duplicate check to replace the lost, stolen, or destroyed payroll check.

Signature of Payee

Date of Claim

OFFICE USE ONLY	
PHARECN _____ Date checked	Reconciled/Outstanding (Attach copy of PHARECN screen)
Approved _____	Date _____
Place a copy of the signed form with the replacement check. Place the original form in employee file.	
Manual Check Number _____	Check Date _____