



Payroll Office
Baker Building, 10th floor
110 21st Ave. S.
Nashville, TN 37203

Telephone: (615) 343-4788
Facsimile: (615) 343-0219

Application by Individual to Replace Lost/Destroyed or Stale Dated Check

Employee I.D# _____ Date: _____
(First Name) (Initial) (Last Name)
(No. and Street) (Telephone)
(City) (State) Zip Code
Paycheck dated: _____ Check # _____
Amount: _____
Will Pick Up at Payroll Office _____ Mail _____

Request for replacement of Vanderbilt University Paycheck is being requested because:

(State all information known regarding the non-receipt, loss, theft, mutilation or destruction of check)

I expressly agree to IMMEDIATELY notify the Vanderbilt University Payroll Office if I find or receive the Original Check at ANY TIME that it comes into my possession or control. Also, I will IMMEDIATELY surrender the original check to the Vanderbilt University Payroll Office. I understand that a replacement check will be made available no later than 3:00 p.m. on the FIFTH business day following the submission of this request. If upon further investigation or review, the replacement check was not due to me, I agree to IMMEDIATELY repay Vanderbilt University in full by either money order or by payroll deduction. I expressly agree to allow Vanderbilt University, at its sole discretion, the right to deduct from my pay any expense incurred if I fail to follow all these terms and conditions, including any banking fees, such as stop-payment or processing charges, collection and court costs, attorneys' fees and interest. If these expenses are not paid by payroll deduction, I agree to pay them directly to Vanderbilt University.

X _____ Date: _____

PAYROLL USE ONLY
Inquiry _____ Stop-pay _____ Initial _____
Reissue Information:
Pay Group _____ On/Off Cycle _____ Process # _____
Original PPE _____
New Check# _____ Date: _____ Initial: _____