



PAYROLL SERVICES

Application for Duplicate Payroll Check

INSTRUCTIONS

Section I is to be completed by the Payee. Do not write in Section II, III, or IV – for office use only.

Only 1 request per form. The duplicate check will be mailed to the address listed on this form. Please contact your department Human Resources Professional (HRP) to update any address change in the payroll system. It will not be updated through this form.

Note: The Ohio State University will not be responsible for any fees incurred if a stopped check is cashed.

Section I: Personal Information (please print)

The payee, _____
Employee's Full Name (please print) OSU Employee ID Number (Required)

Check # _____ Pay Date _____ Net Pay Amount _____

has advised Payroll Services that the above check needs to be re-issued because it:

was not received _____ was lost/destroyed _____
is stale-dated (120 days past the issue date) other: _____

I herewith state that the above described check was never cashed by the payee and I hereby make application for a duplicate check as provided by law.

Payee Signature (in ink) _____ Date _____

Street Address _____ Office/Daytime Phone Number _____

City/State/Zip _____ E-mail Address _____

--- Do not write in Section II, III, or IV – for office use only. ---

Section II: Human Resources Systems Approval

Authorized Officer's Signature _____ Date _____

Section III: Approved for Issue of Duplicate Check

Authorized Officer's Signature _____ Date _____

Section IV: Duplicate Check Information

Duplicate Check Number _____ Date Issued _____

Received By _____ Date _____

Released By _____ Date _____

Return completed form to: Payroll Services, S' V8'aad>aTlk
4'S] WeZ[b : S'4 901 Woody Hayes Dr., Columbus, OH , 43210-4016 or fax to (614) 688-3640