

## REPLACEMENT CHECK AFFIDAVIT

Payee: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

### Please check and complete the following:

1. I, \_\_\_\_\_, certify that to my own personal knowledge the above check has not been received, negotiated, deposited or cashed, and therefore request issuance of a replacement check. Should the original check be found, I agree not to negotiate it AND to return it to the address at the bottom of this form.
2. This check was received and is still in my possession, or has been returned for the following reason: \_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Department Signature:** \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Please provide an address to mail the replacement check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

ZIP: \_\_\_\_\_



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