



**EMPLOYMENT SOLUTIONS
STATEMENT OF LOST OR DESTROYED PAYROLL CHECK**

*A **\$15.00** Stop Payment Fee will be deducted from the reissue check. Please allow 2-5 business days after this form is submitted for your reissued check. Checks will be issued only after a 2-week period has passed from the original check date.*

Payee:		Employee ID #:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Check #:	Check Date:	
Net Pay:			

I _____ do hereby state that I am the owner of the above identified payroll check. I further state and affirm that the whereabouts of this payroll check is not known to me. I further state that should the check in question come into my possession, I will immediately make every reasonable effort to return it to the Payroll Department of **EMPLOYMENT SOLUTIONS**.

I UNDERSTAND CASHING OF THIS CHECK ABOVE AFTER RETURNING THIS FORM IS A CRIME AND COULD LEAD TO CRIMINAL CHARGES UNDER STATE LAW.

X _____
Payee Signature

Date

OFFICE USE ONLY	
Date Transmitted:	Date Confirmed:
Reissue Date:	Reissue Check #:
Tracking #	

Phone: (607) 732. 7354

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