



Check Replacement Form

Reason for replacement:

<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Moved
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NOTE: There is a 7 day waiting period between the time the stop payment is placed and a replacement check is issued.

Employee Name: _____ SSN: _____

Address: _____ City, State, Zip: _____

Check No.: _____ Check Amount: _____

Check Date: _____

I verify that I am requesting a stop payment and replacement for the check listed above. If I do receive the check at a later date, I will return it to Hire Up Staffing Services immediately and not cash or deposit it.

Employee Signature Date

Witness Signature Date

To Be Completed By Payroll Department

Date Received: _____ Date Entered on Payroll: _____ Date Reissued: _____