

# Vanderbilt University Medical Center

Payroll Office  
2525 West End Ave, 5th Floor  
Nashville, TN 37203

Telephone: (615) 343-7000

## 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 Medical Center 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 Medical Center 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 Medical Center Payroll Office. I understand that a replacement check will be made available no later than 3 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 Medical Center in full by either money order or by payroll deduction. I expressly agree to allow Vanderbilt University Medical Center, 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 Medical Center.

X \_\_\_\_\_

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

### PAYROLL USE ONLY

Inquiry \_\_\_\_\_

Stop-pay \_\_\_\_\_

Initial \_\_\_\_\_

#### Reissue Information:

Pay Group \_\_\_\_\_

On/Off Cycle \_\_\_\_\_

Process # \_\_\_\_\_

Original PPE \_\_\_\_\_

New Check# \_\_\_\_\_

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

Initial: \_\_\_\_\_