



**DECLARATION OF STALE DATED, LOST OR DESTROYED PAYROLL CHECK**

**INSTRUCTIONS:**

Please complete and submit form to the Payroll Office located at 2195 Hearst Avenue, Suite 120, Berkeley, CA 94720-1104. You will be asked to provide proof of identification (picture ID) when you submit your completed paper work. An incomplete or inaccurate form(s) will not be processed and a new form(s) will be required. Submissions without proof of identity will not be processed pending receipt of documentation and will delay the process. Please allow a waiting period of **10 business days** for the check (s) to be released.

**COMPLETE INFORMATION BELOW:**

I, \_\_\_\_\_, employee ID No. \_\_\_\_\_ declare that:

I have been informed that a check/checks drawn by The Regents of The University of California (The Regents) against its account maintained with Wells Fargo Bank, was issued to: \_\_\_\_\_, as payee. First Name, Last Name

1) I am the legal owner or entitled to possession of said check(s) and the said check(s) has/have been  stale dated  lost  destroyed and the facts as known to me are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) I agree that for and in consideration of the re-issuance to me of a check/checks in lieu of the check(s) originally issued and subsequently lost or destroyed, I will indemnify and hold harmless The Regents against loss, damage, expense or any other liability which may be suffered by said The Regents, either directly or indirectly, by reason of the issuance of said duplicate check(s) or by the original instrument(s) still remaining outstanding.

3) Check(s) to be replaced:

Original Check Number	Original Check Date	Amount

4) I further agree that, if a new check is issued to me in lieu of the above listed stale dated, lost or destroyed check(s), and if above check(s) hereafter is placed in my possession, I will not negotiate, deposit or cash said check(s), but forthwith will deliver the same for cancellation to Payroll, Controller's Office, University of California, 2195 Hearst Avenue, Suite 120, Berkeley, CA 94720-1104.

5) I agree to reimburse The Regents immediately for the amount(s) as indicated in the original check(s) if the check(s) is/are presented for payment by me. If I am currently an active employee, I acknowledge that the total amount will be deducted from my next pay check.

6) Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request that The Regents issue a new check to me in lieu of the above listed check(s).

I certify (or declare) under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on \_\_\_\_\_ (Date) at \_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (Country).

Signature of Declarant: \_\_\_\_\_

Replacement check will be:  Direct Deposit  Pick up at Payroll  Mail to Address below

Mailing Address of Declarant: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
(Area code) Number (Area code) Number

**For internal use only:**

Request taken by (Name): \_\_\_\_\_

Photo documentation:  Driver's License  Passport  Other: \_\_\_\_\_

Claim filed on Date: \_\_\_\_\_ Time: \_\_\_\_\_

Processed by (Name and Sign-Off): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (Name and Sign-Off): \_\_\_\_\_ Date: \_\_\_\_\_

Replacement check(s) no(s). \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_