



**ILLINOIS STATE
UNIVERSITY**
Illinois' first public university

University Payroll Office

Campus Box 0580
Normal, IL 61790-0580
Phone: (309) 438-7677
Fax: (309) 438-3357
Payroll.IllinoisState.edu
[Payroll Secure Form Dropbox](#)

Request a Replacement Check

By filling out and returning this form to the University Payroll Office, you are affirming that you are the payee named in the check drawn against Illinois State University.

Paycheck Information

Requests may only be made on a per check basis.

Check Number _____ Check Amount \$ _____ Check Date _____

Current Address _____

Never received original check

City/State/Zip Code _____

Lost/Destroyed the original check

Other (please specify) _____

Identification

UID _____ Name _____
Last First MI

Email _____ Telephone _____

Authorization

This form is considered invalid if it has been altered in any way or any unauthorized additions have been made to it.

By signing below, I hereby certify that neither I, nor anyone authorized by me, have received any of the proceeds of this check. I have not knowingly held this check. I have not received a replacement check or any other type of reimbursement since the date of the check given above.

Signature _____ Date _____

University Payroll Office (UPO) Use Only

Date Mailed ____ / ____ / ____

UPO Initials _____

Pickup Date ____ / ____ / ____