



# **LOST CHECK DECLARATION**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name & Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## ***DECLARATION***

I, \_\_\_\_\_, hereby say and declare as follows:

- 1) My name is \_\_\_\_\_.
- 2) My address is \_\_\_\_\_.
- 3) I am an employee of Allevity HR & Payroll and worked for Allevity HR & Payroll during the payroll period commencing \_\_\_\_\_ and ending \_\_\_\_\_.
- 4) I declare that:
  - \_\_\_\_\_ a) I did not receive a payroll check for the pay period beginning \_\_\_\_\_ and ending \_\_\_\_\_; *or*
  - \_\_\_\_\_ b) I received a paycheck for that period but the paycheck was  *lost*,  *stolen*,  *other*. The details regarding the lost, stolen or missing check are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. I have not given, delivered, endorsed or assigned the paycheck to any person, entity, business, corporation, or organization.
- 6. I am certain that I did not cash this paycheck and represent that it is not in my possession or control and I do not have access to it.

## ***AGREEMENT***

In consideration for Allevity HR & Payroll's replacement of the above-referenced paycheck, which has been lost, stolen, or is missing for the reasons noted above, I agree as follows:

- 1. I have not cashed the paycheck or endorsed it and, if I locate it through any means, I will immediately return it to my Human Resources Coordinator without signing or endorsing it.
- 2. I will cooperate with Allevity HR & Payroll and its management in all respects and in any legal proceeding relating to Allevity HR & Payroll's liability for any endorsement or fraudulent endorsement of the lost, stolen, or missing check.
- 3. If the lost, stolen, or missing check subsequently is found or comes into my possession or control, I will not cash the check. I will return it immediately to my Human Resources Coordinator at Allevity HR & Payroll.

*I understand that any misrepresentation or omission of material information with respect to this declaration and agreement may result in disciplinary action, including the immediate termination of my employment. I further understand that any misrepresentation, omission or breach of this agreement that results in any damage or loss to Allevity HR & Payroll, including but not limited to a duplicate payment for the above-referenced pay period, shall be my sole responsibility. In such case, I agree to provide restitution to Allevity HR & Payroll for the duplicate payment and agree to reimburse Allevity HR & Payroll for any and all expenses, including any costs, interest, penalties, and legal fees. I also authorize Allevity HR & Payroll to institute legal proceedings against me to recover amounts that I owe as well as its costs and reasonable attorney's fees.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

Check Date \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_