



STUDENT EMPLOYMENT LOST PAYCHECK REPORT

Name: _____

Student ID #: _____

Pay Cycle(s) (MM/DD/YY): list the working period(s) for which the lost check(s) was issued

From: _____ / _____ / _____ To: _____ / _____ / _____

From: _____ / _____ / _____ To: _____ / _____ / _____

From: _____ / _____ / _____ To: _____ / _____ / _____

Signature

Date

Please return this form to the Student Employment Office or send to stuemp@vassar.edu.

NOTE: It may take up to two weeks for a new check to be issued. If you find your lost check, please destroy it.

OFFICE USE ONLY

Payroll Number(s): BW _____

Check Number(s): _____