



Lost Paycheck Affidavit

EMPLOYEE INFORMATION

LOST PAYCHECK INFORMATION

_____ NAME	_____ CHECK NUMBER	
_____ ADDRESS	_____ NET AMOUNT	
_____ EMPLOYEE ID	_____ CHECK DATE	_____ DEPT ID

THE EMPLOYEE HEREIN NAMED AFFIRMS:
 THAT THE CITY AND COUNTY OF SAN FRANCISCO CONTROLLER'S PAYCHECK DESCRIBED ABOVE WAS LOST DESTROYED ON
 OR ABOUT THE _____ DAY OF _____, 201____ UNDER THE FOLLOWING CIRCUMSTANCES:

THAT THE EMPLOYEE IS ENTITLED TO POSSESSION AND HEREBY REQUESTS A REPLACEMENT OF THIS PAYCHECK AS THE:

ORIGINAL PAYEE

ENDORSEE (MUST SHOW PROOF OF RIGHT TO POSSESSION)

CUSTODIAN (MUST SUBMIT CERTIFIED COPY OF AUTHORITY)

I, **THE UNDERSIGNED EMPLOYEE**, CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
 I UNDERSTAND THAT IF AN OVERPAYMENT OCCURS AS A RESULT OF PROCESSING THIS AFFIDAVIT, I AM RESPONSIBLE FOR
 RETURNING THE OVERPAYMENT TO THE CITY AND COUNTY OF SAN FRANCISCO.

EMPLOYEE'S SIGNATURE _____
DATE _____
APPOINTING OFFICER'S SIGNATURE _____
PHONE _____
DATE

CON USE ONLY

CHECK CASHED ON _____ DATE	VERIFIED BY _____ NAME OF PERSON IN CON OFFICE
STOP PAYMENT REQUESTED ON _____ DATE	
ISSUANCE OF REPLACEMENT PAYCHECK THROUGH FAMIS: _____ DATE	_____ CHECK NUMBER
PROCESSED ON _____ DATE	BY _____ NAME OF PERSON IN CON OFFICE