

**CLEMSON UNIVERSITY
REQUEST FOR REPLACEMENT OF
PAYROLL CHECK**

Name _____
(please print)

Employee ID# or Last 4 SSN _____

Date of Payroll Check / Direct Deposit _____

Department Where Employed _____

Phone Number _____

There is a \$5.00 charge to void and reissue a paycheck for personal reasons, outside of the control of Clemson University.

Please choose one of the two options:

_____ Enclose \$5.00 cash or check payable to Clemson University

_____ You agree to have \$5.00 withheld from the reissued check and your signature below authorizes the payroll deduction

Signature Date

Completed form with payment should be sent Interoffice, dropped-off, or mailed to:

Payroll Office
Admin Services Building
Pearman Boulevard
Clemson, SC 29634-5337

If choosing Payroll Deduction for the processing fee, the form can be faxed to:
Attn: Payroll, 864-656-3366 or scanned and emailed to payroll@clemson.edu.

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Payroll Use Only

Date of Bank Returned Item: \_\_\_\_\_ Date of Reissued Check: \_\_\_\_\_

Check was: \_\_\_\_\_ Mailed Date: \_\_\_\_\_

\_\_\_\_\_ Picked-up Signature: \_\_\_\_\_

By: \_\_\_\_\_ Employee \_\_\_\_\_ Department