

**PASSAIC BOARD OF EDUCATION**

OFFICE OF THE SCHOOL BUSINESS ADMINISTRATOR

663 Main Avenue

Passaic, New Jersey 07055-0388

Email: [Payroll@PassaicSchools.org](mailto:Payroll@PassaicSchools.org)

**CERTIFICATION OF LOST OR STOLEN PAYROLL CHECK**

**Certification by Employee:** \_\_\_\_\_  
Employee Name

I certify that my payroll check # \_\_\_\_\_, dated \_\_\_\_\_, in the

Amount of \$ \_\_\_\_\_ has been lost \_\_\_\_ /stolen \_\_\_\_.

The information provided in this document is accurate to the best of my knowledge.

Employee Id No.: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Note: Replacement check will be issued with the payroll following the request.

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**For Business Office Use Only:**

Reissued Check No. \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

C: [Accounting@PassaicSchools.org](mailto:Accounting@PassaicSchools.org)