



WASHOE COUNTY SCHOOL DISTRICT Request for Replacement Check PAYROLL DEPARTMENT

P.O. BOX 30425 RENO, NEVADA 89520-3425

775-348-0341 FAX 775-348-0247

You can access pay stub information by using Employee Online.

[Employee Online / Employee Online \(washeschools.net\)](http://washeschools.net)



Please replace check # _____ dated _____ in the amount of \$ _____.

The reason for the replacement request is:

My mailing address has changed

Yes/No I have updated my mailing address using Employee Online

If you are unable to make this change using Employee Online,
please submit form [HRF-535 Change of Name/Address](#) to Human Resources.

The original check has been destroyed.

The check is lost/never received this check.

The check is stale dated. I have the original check Yes/No

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____ LAST 4 OF SSN: _____

CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Work Location: _____

I will pick up the replacement check (please have ID with you)

Please mail to the address above

Please allow for the following for this request to be processed.

- Mailing Address – After 2 days if the original check has not been returned we will begin processing the replacement request.
- A stop payment must be issued, and 24 hours after this the replacement check will be issued.

Signature of Employee

Date

I understand that if I attempt to cash the check on which the Stop Payment has been placed the district reserves the right to pursue appropriate collection action to include withholding repayment from my future wages or legal action to recover funds as necessary.

PAYROLL DEPARTMENT USE ONLY

Date Request Received: _____

Processed By: _____