

***Checks are only
reissued on Fridays.***

GALENA PARK INDEPENDENT SCHOOL DISTRICT

Lost Check Form

Employee Name (Please Print): _____
Last First MI

Employee ID #: _____ Location: _____

Current Mailing Address: _____
Street/PO Box City, State Zip

Phone Number: _____

Payroll Check Date: _____

Payroll Check was: Lost _____ Never Received _____ Destroyed _____

***“I hereby authorize Galena Park Independent School District to place a stop
payment on the payroll check listed above.”***

Employee's Signature

Date

***Should you receive your check you must notify the
Payroll Services Department immediately before cashing it.***