## Replacement Employee Check/EFT

Use this form to reverse (void) and reissue a payroll or off-cycle check when the check has been lost, stolen, or destroyed and there are no changes in the gross to net calculation (the net pay of the check is correct), or when the payroll or off-cycle EFT has been returned or deposited to the wrong account and/or financial institution. **Note:**The employee's bank detail must be corrected in the master data prior to submitting a replacement request on an EFT transaction. This transaction will generate a CHECK for replacement of a check or EFT and will be mailed to the mailing address generated on the original payment.

| Employee Information:  Employee Name:  Employee Personnel No.:  Personnel Area Number: |  |                        | Payment Information (from off cycle workbench):  Payment method (C or T):  Payment number:  Payment date: |                       |                                  |       |                                      |                              |                |  |  |
|--|--|------------------------|---|-----------------------|----------------------------------|-------|--------------------------------------|------------------------------|----------------|--|--|
|  |  |                        |   |                       |                                  |       |                                      |                              | Net Amount: \$ |  |  |
|  |  |                        |   |                       |                                  | Reaso | on for request:                      |                              |                |  |  |
|  |  |                        |   |                       |                                  |       | Check non-negotiable (Original check | must be attached to request) |                |  |  |
|  | Stop payment requested (check one) (attach OSUP/F4 and OSUP/F5)                        | Emp Never Rec'd ☐      | Emp Rec'd & Lost  | Emp Rec'd &           | Destroyed                        |       |                                      |                              |                |  |  |
|  | Has employee's mailing address chang If yes, additional required backup is             |                        |   | NO 🗌                  |                                  |       |                                      |                              |                |  |  |
|  | EFT Return   |                        |   |                       |                                  |       |                                      |                              |                |  |  |
|  | Master Data bank detail incorrect  | Date Corrections Made: |   |                       |                                  |       |                                      |                              |                |  |  |
|  | It is the agency's responsibility to associated and will be returned to the agency for |                        |   | P. Incomplete re      | equests will not be processed by |       |                                      |                              |                |  |  |
| Prepared By:   |  |                        | Phone Number:   |                       |                                  |       |                                      |                              |                |  |  |
|  |  |                        | For OSUP Use  |                       |                                  |       |                                      |                              |                |  |  |
| Stop Pay Processed Date:   |  | Analyst                | F2 Received   | eceived Date:         |                                  |       |                                      |                              |                |  |  |
| EFT Rev Requested Date:  |  | Analyst                | EFT Dollar F  | T Dollar Return Date: |                                  |       |                                      |                              |                |  |  |
| Rev Credit Received Date:  |  | Analyst                | New Check   | New Check Number:     |                                  |       |                                      |                              |                |  |  |
| LaGov HCM Rep Completed Date: Analyst  |  | Check/E                | T Log - Voids   | ☐ Email to Agency     |                                  |       |                                      |                              |                |  |  |
|  |  |                        | ☐ EFT Ret/  | Corr Report           | ☐ New CK # on EFT Ret/Corr Rep   |       |                                      |                              |                |  |  |
| Com  | ments:   |                        |   |                       |                                  |       |                                      |                              |                |  |  |