



1001 E Sain St • Fayetteville Arkansas 72703

**Financial Affairs | Payroll Services**

## **Request to Initiate the Lost/Stolen Check Process**

I, \_\_\_\_\_, understand that by submitting this form, I am requesting to initiate the lost/stolen check process.

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Pay Date

Pay Type (Hourly, Salary, Period Activity Pay)

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Print Payee Name

Workday ID

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Email address

Phone

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Payee Signature

Date

If you have questions, please contact 479-575-5689. **Please submit this form and a copy or picture of a photo ID** to [payroll@uark.edu](mailto:payroll@uark.edu).