

**LCTCS Centralized Payroll  
Affidavit of Lost Payroll Check  
Certificate of Indemnity**

Use this form when a payroll or off-cycle check/EFT(Direct Deposit) has been lost, stolen or destroyed. Use when an off cycle check is created with no stop payment put in place.

I, \_\_\_\_\_, do hereby certify  
(Employee Name)

that I have received my payroll Check No. \_\_\_\_\_ dated  
\_\_\_\_\_ in the gross amount of \$\_\_\_\_\_. I further certify that  
I endorsed said check in blank (Signature Only) after which it was lost and that I  
have not received any remuneration for said check.

To my knowledge, the aforementioned check has not been found and/or cashed;  
and if found, I promise to return it immediately to the institution's human  
resources representative. I further agree to reimburse the institution the full  
check amount of \$\_\_\_\_\_ if the aforementioned check is or gets cashed  
by me or by any other person should I be issued an off cycle check. I will in no  
way cause a loss to the said institution because of my negligence in endorsing  
and losing my check.

\_\_\_\_\_(Witness) \_\_\_\_\_(Employee  
Signature)

\_\_\_\_\_(Witness) \_\_\_\_\_(Date)

Institution(VPDI)/Site\_\_\_\_\_/\_\_\_\_\_