

Employee Certification for Stop Payment

Name: _____ Employee ID#: _____
Please Print

Please Provide Current Address:

Mailing Address:

Daytime Phone:

Campus:

Mail Check:

Pick Up Check:

To Be Filled Out by the Project Director

Pay Period:

Pay date of missing check:

Net Amount of Check:

Check #:

Project Director's Signature

Date

Print Name

Phone

I certify that:

1. I have not received the check issued to me or I have received the check, but it has subsequently been lost.
2. I have not received any part of the proceeds of the check.
3. In the event I inappropriately received any part of the proceeds of the check, **I consent to the garnishment of my wages.**
4. I will appear and provide testimony in a court of law in support of this document, if necessary, to enable the Research Foundation to recover any funds paid on the lost or stolen check.
5. In the event that I receive or find the check, I will return it to the Finance Department at the Research Foundation of CUNY at 230 West 41 Street, New York, NY 10036.

I further certify that this form has been completed by me voluntarily, for the purpose of inducing the Research Foundation of the City University of New York to re-issue the check payable to me.

Employee Signature

Date