Horry County Schools
Payroll Department
PO Box 260005
Conway, SC 29528-6005
PH: (843) 488-6727 Fax:(843) 488-6726

Paycheck Replacement Request

Last Name _____ First Name _____ Middle Initial _____

HCS Employee ID _____ HCS Location/Department _____

My paycheck dated _____ was: ◯ Not Received ◯ Lost / Stolen ◯ Damaged

Replacement paychecks will be replaced using the corresponding procedure listed below.

Not Received: District policy requires a 5 business day waiting period before an undelivered paycheck can be replaced. Once the waiting period has expired and this notification is received by Payroll, there will be an additional 24 hour waiting period to place a stop payment on the missing check and issue a replacement. If the original check was lost due to an address change, you must submit your new address to the Human Resources Department before we can replace the paycheck.

Lost / Stolen: If the paycheck has been lost or stolen, submit this form to Payroll immediately. Upon receipt, Payroll will place a stop payment on the original paycheck. Once the stop payment has been issued, there will be a 5 business day waiting period before a replacement check is issued.

Damaged: Return the damaged paycheck to Payroll. Once received Payroll will issue a replacement check within 2 business days.

I certify the above information is complete and true. I also agree to and understand the following:

* Once a stop payment is placed on the original paycheck, I understand that it cannot be cashed or deposited if received or found. I accept responsibility for all bank fees associated with depositing a paycheck that has been reported as not received, lost or stolen.

* If the original check has been posted against Horry County Schools' bank account, I understand that it will not be replaced. *(Horry County Schools offers free and convenient direct deposit to avoid this situation)*

* If through some misunderstanding, I am the recipient of funds from the original and replacement check, I will repay Horry County Schools for the full amount of overpayment immediately.

_____
Employee Signature Date

Submit this form to Payroll by mail, fax, hand delivery or email to payroll@horrycountyschools.net

PR Manager _____ Date Received_____ Stop Payment Placed: NO | YES date_____

Original Check #:_____ Has original check cleared: NO | YES date_____ (if yes replacement check cannot be issued)

Replacement Check #:_____

Original Check was: ___voided & replaced | ___not voided & replaced with RNC code | ___reprinted

Revised 3/13/2012