



Request for Reissuance of Stale Warrant

Description of Stale Warrant

PRINT NAME OF REQUESTOR			EMPLOYEE ID
CURRENT ADDRESS			
WARRANT NO	ISSUE DATE	AMOUNT	TELEPHONE NUMBER
SIGNATURE OF PERSON REQUESTING			Date Signed
TITLE OF PERSON (COMPLETE IF PERSON SIGNING IS NOT THE EMPLOYEE)			

For LBUSD Payroll Office Use

Reissued Warrant

WARRANT DATE	WARRANT NUMBER	RELEASED DATE	SIGNATURE OF PERSON RELEASED TO
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***** ORIGINAL WARRANT MUST BE ATTACHED *****