



## **LOST CHECK DECLARATION**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Client Name and Number \_\_\_\_\_ Supervisor \_\_\_\_\_

### ***DECLARATION***

I hereby say and declare as follows:

1. My address is \_\_\_\_\_.
2. I worked during the payroll period commencing \_\_\_\_\_ and ending \_\_\_\_\_.
3. I declare that the paycheck for that period was ☐ *lost*, ☐ *stolen*, ☐ *other*. The details regarding the lost, stolen, or missing check are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***AGREEMENT***

In consideration for Allevity's replacement of the above-referenced paycheck, which has been lost, stolen, or is missing for the reasons noted above, I agree as follows:

1. I have not cashed the paycheck or endorsed it, and, if I locate it through any means, I will immediately return it to Allevity without signing or endorsing it.
2. I will cooperate with Allevity and its management in all respects and in any legal proceeding relating to Allevity's liability for any endorsement or fraudulent endorsement of the lost, stolen, or missing check.
3. If the lost, stolen, or missing check subsequently is found or comes into my possession or control, I will not cash the check. I will return it immediately to Allevity.

*I understand that any misrepresentation or omission of material information with respect to this declaration and agreement may result in disciplinary action, including the immediate termination of my employment. I further understand that any misrepresentation, omission, or breach of this agreement that results in any damage or loss to Allevity, including but not limited to a duplicate payment for the above-referenced pay period, shall be my sole responsibility. In such case, I agree to provide restitution to Allevity for the duplicate payment or other loss and agree to reimburse Allevity for any and all expenses, including any costs, interest, penalties, and legal fees. I also authorize Allevity to institute legal proceedings against me to recover amounts that I owe as well as its costs and reasonable attorney's fees.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Check Date \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_