



**Payroll Services**  
*Take Control of Your Payroll Today!*

payrollservices@cps.edu  
Telephone (773)553-4729 ♦♦ Fax (773)553-2510

**AFFIDAVIT OF LOSS OR THEFT OF CHECK**

**AFFIDAVIT OF LOSS OR THEFT OF CHECK**

I, \_\_\_\_\_  
First Name Last Name Employee ID

state: \_\_\_\_\_

I am the payee named in this check drawn against Board of Education of the City of Chicago:

Check # \_\_\_\_\_

Payroll Period #: \_\_\_\_\_

Pay Date: \_\_\_\_\_

Net Amount: \_\_\_\_\_

I was in possession of the check and was entitled to cash it when I lost possession of it. The loss of the check was not the result of a transfer by me or any lawful seizure. I cannot locate the check because it was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found.

I can be contacted at the following: \_\_\_\_\_ or email \_\_\_\_\_  
Phone Email

**VALID PHOTO ID REQUIRED** (EX. Current Driver's License or State ID, CPS Photo ID, Passport)  
Photo of ID must be attached to this form when submitted for processing.

Under penalties as provided by law pursuant to §1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this form are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he or she verily believes the same to be true.

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

\_\_\_\_\_  
Payroll Services - Verified by Date

**Submit completed form to Payroll Services via e-mail [payrollcompliance@cps.edu](mailto:payrollcompliance@cps.edu) or Fax (773) 553-2510**

- Payroll Services will request a Stop Payment on checks that have not been cashed
- If the original check is found: employee must not cash the original check
- Replacement check will be reissued within 10 business days after the stop payment has been recorded.
- Payroll Services will contact employees when replacement check is ready for release.
  - Check may be sent to school location via GSR service for school based employees or mailed to address on file for city wide employees.



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**How to Complete - AFFIDAVIT OF LOSS OR THEFT OF CHECK**

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**Field Descriptions:**

**County, State of Illinois:** Input county name

**Name:** First name and Last name.

**Employee ID#:** Nine digit employee's identification number assigned by PeopleSoft. Leading zeros required.

**Check #:** Verifiable in PeopleSoft

**Payroll Period:** Verifiable on Payroll Processing Calendar

**Pay Date:** Verifiable on Payroll Processing Calendar or check in People Soft

**Amount:** Net amount of check, verifiable in PeopleSoft

**Phone Number:** Nine digit employee's contact number that can be verifiable in PeopleSoft

**Email:** Employees CPS email address verifiable in People Soft.

**Employee's Signature/ Date:**

**Payroll Service- Verified by/ Date:**

**NOTE:**

Submit completed form along with valid photo ID to Payroll Services via e-mail at payrollcompliance@cps.edu or Fax (773) 553-2510

- If the original check is received: employee must not cash the original check
- Replacement check will be reissued within 10 business days after the stop payment has been recorded.
- Payroll Services will contact employees when replacement check is ready for release.
  - Check may be sent to school location via GSR service for school based employees or mailed to address on file for city wide employees.

Please be advised this request will take effect on the subsequent pay period after date signed and submitted to Payroll Services.

Payroll Use Only:

Date Received: \_\_\_\_\_ Logged by: \_\_\_\_\_ Check # \_\_\_\_\_ PP# \_\_\_\_\_  
FORM\_04\_2014\_V1\_PC