



TOWN OF SUNAPEE
23 Edgemont Road
Sunapee, New Hampshire 03782-0717
Phone: (603) 763-2212 Fax: (603) 763-4925

Request for Replacement Paycheck

DATE: _____

EMPLOYEE: _____

DATE OF PAYCHECK: _____ CHECK #: _____
(if available)

I AM REQUESTING A REPLACEMENT CHECK FOR THE FOLLOWING REASON:

- CHECK IS DAMAGED AND ORIGINAL IS BEING RETURNED
- CHECK IS LOST – IN THE EVENT THAT THE ORIGINAL IS FOUND, IT
WILL BE RETURNED TO THE FINANCE/PAYROLL OFFICE

Employee Signature

TO BE COMPLETED BY PAYROLL CLERK:

RECV'D	REISSUED	DATE OF:
REQUEST: _____	CHECK #: _____	REISSUE: _____

OFFICE HOURS: Mon., Tues., Thurs., Fri. – 8:00 A.M. to 5:00 P.M. • Wed. – 8:00 A.M. to 1:00 P.M.