



LOS ANGELES UNIFIED SCHOOL DISTRICT
AFFIDAVIT AND REQUEST FOR REPLACEMENT OF PAYROLL WARRANT
Payroll Administration Branch

Information to be completed by person requesting replacement warrant

FIRST NAME	MI	LAST NAME	EMPLOYEE NO	
ADDRESS OF PAYEE				
CITY		STATE	ZIP CODE	
WARRANT NO.	ISSUE DATE		NET AMOUNT	
REASON FOR REQUEST: WARRANT TO REPLACE WAS: <input type="checkbox"/> LOST/STOLEN <input type="checkbox"/> DAMAGED <input type="checkbox"/> STALE				
PLEASE CHOOSE THE CIRCUMSTANCE THAT APPLY WHICH CAUSED THE LOSS, MUTILATION, DESTRUCTION, ETC				
<input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen from home address or my person <input type="checkbox"/> Accidentally torn, ripped or damaged				
<input type="checkbox"/> Relocation or change of address caused loss/misplacement <input type="checkbox"/> Travel/was out of state or country				
<input type="checkbox"/> Uncashed due to Medical reason or physical or mental incapacity				
<input type="checkbox"/> I did not pay attention/I was not aware the check becomes void after 6 months from the issue date				
<input type="checkbox"/> I only received recently By: (Specify work location) _____				
<input type="checkbox"/> Other: Please specify: _____				
I certify, under penalty of perjury that the above information is true and correct.				
I understand that a stop payment order will be placed on the original warrant with this request for replacement.				
I understand that should I locate the original warrant; I will not endorse or attempt to cash the original warrant . If the original warrant is cashed, it will be referred to the Office of the Inspector General for further action.				
As per provision of section 72 of the Penal code, every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing in punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine.				
I understand that should I locate the original warrant; I am legally obligated to return the warrant to the Los Angeles Unified School District Payroll Administration, Salary Delivery Unit.				
I UNDERSTAND THE DELIVERY METHOD OF REPLACEMENT WARRANTS IS VIA U.S. MAIL.				
SIGNATURE OF PAYEE (PERSON CERTIFYING) NO DIGITAL/ELECTRONIC SIGNATURES ALLOWED		DATE SIGNED	DATE OF BIRTH	
WORK TELEPHONE NUMBER	HOME/CELL TELEPHONE NUMBER		DRIVER'S LICENSE OR I.D. NO/PASSPORT	
SITE SAA/ADMINISTRATOR/NOTARY NAME VERIFYING PLEASE PRINT NAME		SITE SAA/ADMINISTRATOR/NOTARY SIGNATURE		
TITLE OF PERSON VERIFYING				
PLEASE DO NOT WRITE IN THIS SECTION BELOW – FOR SALARY DELIVERY USE ONLY				
WARRANT NUMBER	AMOUNT	DATE ISSUED	WARRANT STATUS OUTSTANDING AS OF	CASHED ON
EMPLOYEE NUMBER	EMPLOYEE NAME			VERIFIED BY