



Research Foundation for Mental Hygiene, Inc.
150 Broadway, Suite 301, Menands, NY 12204
Phone: (518) 474-5661 Fax: (518) 474-6995

Payroll Replacement Check Request Form

Please complete, sign and return via email to Payroll-hrprocessing@rfmh.org, allowing up to 10 (ten) business days for processing.

Employee Full Name (first, middle, last): _____

Currently Employed by RMFH: Yes No

Work Location: _____ Phone Number: _____

Employee Full Home Address: _____

Have you recently moved? Yes No

If yes, please indicate previous address: _____

Replacement Check Information from Original Payroll Check Details

Complete as much information as possible. Providing incorrect information may delay the processing of your request.

Date of the Original Payroll Check: ___ / ___ / _____
(if available)

Net Pay of the Original Payroll Check: \$ _____
(if available)

Original Payroll Check Number: _____
(if available)

By signing below, I am requesting a replacement of a payroll check. In the event the original check clears the bank and it is evident that I have been reimbursed twice, I understand the Research Foundation for Mental Hygiene, Inc. must be reimbursed the amount of the original check immediately, and not later than 7 (seven) business days.

Employee Signature: _____ Date: _____