



**GRAMBLING STATE UNIVERSITY**  
**Payroll Department**

## **Request for Duplicate Check Stub**

**Mail To:** **GRAMBLING STATE UNIVERSITY**  
Post Office Box 25  
Grambling, LA 71245

**ATTN:** Jacqueline Whitaker  
Latoya Jackson

**Fax:** **318-274-3115**

**Please allow 2 business days for request to be processed.**

**REQUEST FOR CHECK STUBS**  
**PLEASE PRINT OR TYPE**

Please reissue a duplicate check for the following employee, for the pay period ending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Requestor Name and Relationship**

**Employee Name** \_\_\_\_\_

**Employee Social Security Number** \_\_\_\_\_

**Current Mailing Address:**

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Date Request** \_\_\_\_\_

**Process Date** \_\_\_\_\_

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

\_\_\_\_\_  
**Representative Signature**