

LONG BEACH UNIFIED SCHOOL DISTRICT

Payroll Branch

EMPLOYEE ID

Request for Reissuance of Stale Warrant

Description of Stale Warrant

PRINT NAME OF REQUESTOR

CURRENT ADDRESS						
WARRANT NO	ISSUE DATE	AMOU	NT		TELEPHONE NUMBER	
SIGNATURE OF PERSON REQUESTING					Date Signed	
TITLE OF PERSON (CC	MPLETE IF PERSON SIGNII	NG IS NOT THE EMPLOYEE)				
For LBUSD Payroll Office Use						
		101 2200	or agron onloc	000		
Reissued Warr	ant					
WARRANT DATE	WARRANT NUMBER	RELEASED DATE	SIG	SNATURE OF PERS	ON RELEASED TO	

******* ORIGINAL WARRANT MUST BE ATTACHED *******