LOS ANGELES UNIFIED SCHOOL DISTRICT

AFFIDAVIT FOR ISSUANCE OF A REPLACEMENT WARRANT

THE INFORMATION REQUIRED BELOW MUST BE COMPLETED BY THE RECIPIENT

PLEASE PRINT

First Name	**M.I.**	**Last Name**

Now Living at Street Number

City	**State**	**Zip Code**

I DO SOLEMNLY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT THE SALARY WARRANT NO. _____ ISSUED ON _____ FOR THE NET AMOUNT OF $ _____ HAS BECOME LOST OR DESTROYED OR WAS NEVER RECEIVED BY ME AND WAS NOT CASHED OR ENDORSED BY ME. IF, AT ANYTIME, I RECEIVE SAID WARRANT, **I WILL PROMPTLY RETURN IT TO LOS ANGELES UNIFIED SCHOOL DISTRICT, P.O. BOX 513307**, **TERMINAL ANNEX, LOS ANGELES, CALIFORNIA 90051-1307. I WILL NOT ENDORSE OR ATTEMPT TO CASH THE SAID ORIGINAL WARRANT. ANY ENDORSEMENT OF MY NAME WHICH APPEARS THEREON IS A FORGERY; I UNDERSTAND THAT A STOP-PAYMENT ORDER IS BEING PLACED ON THE SAID ORIGINAL WARRANT.**

I UNDERSTAND THE PROVISION OF SECTION 72 (PRESENTING FALSE CLAIMS) OF THE PENAL CODE, THE APPLICABLE PORTION OF WHICH PROVIDES THAT 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, IS PUNISHABLE EITHER BY IMPRISONMENT IN THE COUNTY JAIL FOR A PERIOD OF NOT MORE THAN ONE YEAR, BY FINE OF NOT EXCEEDING TEN THOUSAND DOLLARS ($10,000), OR BY BOTH SUCH IMPRISONMENT AND FINE.

SIGNATURE OF RECIPIENT	**EMPLOYEE NO.**	( ) **WORK LOC PHONE NO.**

DATE SIGNED	**BIRTHDATE**	( ) **HOME TELEPHONE NO.**	**DMV DL OR ID NO. (TYPE)**

WITNESS & VERIFIED BY	**WITNESS TITLE**

PLEASE INDICATE BELOW YOUR CHOICE OF THE OPTIONS AVAILABLE FOR THE REPLACEMENT WARRANT:

☐ 100% OF ORIGINAL WARRANT WILL BE AVAILABLE THE FRIDAY FOLLOWING YOUR PAY DAY, PROVIDING THAT THE AFFIDAVIT IS RECEIVED IN THE SALARY DELIVERY UNIT BY 10:30 A.M. THE PRECEEDING TUESDAY.

☐ 95% OF THE NET PAY WILL BE AVAILABLE THREE DAYS FROM RECEIPT OF THE AFFIDAVIT IN THE SALARY DELIVERY UNIT BY 10:30 A.M. THE RESIDUAL AMOUNT WILL BE ISSUED THE FOLLOWING FRIDAY OR THE NEXT AVAILABLE SUPPLEMENTAL PAYROLL.

PLEASE INDICATE YOUR CHOICE FOR DELIVERY OF THE REPLACEMENT WARRANT.

☐ U.S. MAIL ☐ SCHOOL MAIL ☐ PICK-UP (AFTER 4:00)

LOC CODE: _____

FOR SALARY DELIVERY UNIT USE ONLY

WARRANT NO. _____ AMT _____ DATE ISSUED _____ DIST. P/R NO. _____

EMPLOYEE NAME _____ EMPLOYEE NO. _____ VER. BY _____

WARRANT WAS OUTSTANDING AS OF _____ WARRANT WAS PAID AS OF _____

SUPPL. ( ) _____ EPA ( ) _____ CANCEL ONLY ( ) _____

GTN ( ) _____ ESA ( ) _____ GARNISHEMENT ( ) _____

WORK LOCATION (S) _____

_____

School Mail: Beaudry Building, Payroll Services Branch, Salary Delivery Unit, 27th Floor or Fax to (213) 241-8982