

**DEPARTMENT OF EDUCATION OF THE CITY OF NEW YORK**  
**OFFICE OF BUSINESS OPERATIONS**  
**CHECK MANAGEMENT UNIT**  
65 Court Street-Room 1800, Brooklyn, NY 11201

**STATEMENT OF UNDISTRIBUTED PAYCHECK**

Employee's Name: \_\_\_\_\_

Payroll Bank: \_\_\_\_\_

Distribution Code: \_\_\_\_\_

School/Work Location: \_\_\_\_\_

Payroll Period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check No.: \_\_\_\_\_

Social Security or File Number: \_\_\_\_\_

Reason for returning check: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal/Timekeeper

\_\_\_\_\_  
Date