



County: _____
 Today's Date: _____

**STATEMENT OF DEBIT TO COUNTY FUNDS FORM
 FOR TEMPORARILY REPLACING AN EMPLOYEE'S PAY CHECK**

1. I certify that _____ check was not received on _____
 for the pay period beginning _____ through _____.
2. I the payee, _____, will reimburse the county office of all funds
 Allotted to me until I receive my pay check for the pay period listed above.

 CEC – Name (Please Print)

 Payee – Name (Please Print)

 CEC's Signature

 Office Address of Payee

 Social Security Number

_____ Hrs. @ \$ _____

 Payee's Signature

TO BE COMPLETED BY EXTENSION HUMAN RESOURCES

3. I certify that _____ under normal circumstances would
 have received a check for the pay period ending _____ in the estimated amount of
 *\$_____ and authorize your request to debit your county funds account until his/her
 next check is received or cancellation process is completed.

 Extension Associate Director
 Human Resources

Prepared by: _____

Comments:

*Note: Dollar amount is estimated at 35% deduction unless otherwise noted. Dollar amount
 estimation could be more or less than actual pay check.