



AdvancedCare
STAFFING

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__/__/__

Name:

I, _____, requested from Advanced Care Staffing that they reissue my check, dated
__/__/__ since I did not receive it by mail on the expected date of arrival.

I assure Advanced Care Staffing that I will not deposit or cash the original check (check number _____),
in an instance where I do receive the check.

X _____