

STATE OF LOUISIANA
OFFICE OF STATE UNIFORM PAYROLL
REQUEST FOR DIRECT DEPOSIT WAIVER

EMPLOYEE INFORMATION

NAME: _____ AGENCY: _____
ADDRESS: _____ PERSONNEL NO.: _____
CITY/STATE: _____ DAYTIME PHONE: _____

WAIVER STATEMENT

I, _____ hereby request waiver of the requirement for direct deposit of my future paychecks for the following hardship reasons:

- | | |
|---|--|
| <input type="checkbox"/> Geographical Barrier | <input type="checkbox"/> Physical/Mental Disability Barrier |
| <input type="checkbox"/> Unable to establish account | <input type="checkbox"/> Other |
| <input type="checkbox"/> International ACH Transaction | |

Please use this space to explain above indicated reason

Supporting Documentation Attached.

I understand that if my request for waiver of the payroll direct deposit requirement is approved, my paycheck will be mailed to my current address in the payroll system on payday Friday. If this request is denied, I understand that my paycheck will be held and I will not receive payment until I complete a direct deposit enrollment authorization form and forward to Employee Administration.

Employee Signature

Date

AGENCY PAYROLL/PERSONNEL USE ONLY

I hereby certify that the above reasons and/or supporting documentation meet the requirements for granting a waiver.

Approved

Denied

Agency Name: _____

Agency AFS Number: _____

Agency/Department Head (print)

Agency/Department Head Signature

Title

Date

OSUP USE ONLY

Approved

Denied

OSUP/DOA Representative (print)

OSUP/DOA Representative Signature

Title

Date