



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

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COMMISSIONER OF ADMINISTRATION

December 15, 2005

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2006-38

TO: All ISIS HR Agencies

FROM: Jena W. Cary
Director

SUBJECT: Department Request for Payroll Deduction Vendor, SED-3 Forms

This memo is to remind agencies about the purpose of the attached Department Request for Payroll Deduction Vendor, SED-3 form. Initial applications by new vendors or current vendors requesting a new product/policy or service must be supported by a Department Request (SED-3) from at least one department of the executive branch of state government, other than the Division of Administration. The SED-3 form is required to be completed and included with the statewide vendor's submission of the new application packet by the required annual deadline of January 31.

The Department Head (any elected official, department secretary or their designee for those agencies as defined under R.S. 36.4) must certify:

- 1) that the vendor has provided evidence that the company meets or exceeds the requirements of R.S.42:455,
- 2) that said applicant has knowledge of the requirements of the rule governing payroll deductions (http://www.doa.louisiana.gov/osup/payroll_ded_info.htm), and
- 3) that this product/service would be a benefit for employees of this department/agency.

Certification does not represent endorsement of the product(s)/service(s) by state or department, and **agency Department Heads are not obligated to sign the form.**

All Revised Statutes (R.S.) referenced in this memo and the payroll deduction rule can be viewed at <http://www.legis.state.la.us/> under Louisiana Laws. A list of departments under the executive branch of state government can be viewed at <http://www.louisiana.gov/wps/portal/> under State Agencies.

If you have any questions, please contact Angela Woods at (225) 342-5345.

JWC:ACV

Attachment: [SED-3, Department Request for Payroll Deduction Vendor](#)

DEPARTMENT REQUEST
FOR
PAYROLL DEDUCTION VENDOR

In accordance with the rule governing payroll deductions, Title 4 (Chapter 1, §106.D.2.d),

I, _____, _____, on behalf of the
NAME (Print) TITLE
employees of _____, hereby request
DEPARTMENT

favorable consideration of a payroll deduction application submitted by:

A.

APPLICANT/VENDOR NAME

ADDRESS

CITY/STATE/ZIP

AGENT/REPRESENTATIVE

PHONE (Area/Number/Extension)

To offer:

B.(PRODUCT/SERVICE)

Section 125 Eligible
Yes [] No []

I further certify that the above named company applicant has provided evidence of having met and/or exceeded all requirement of R.S. 42:455; has knowledge of the requirements of the rule governing payroll deductions; and that this department/agency attests that this product/service would be a benefit for employees of this department/agency.

Department _____

Signature _____

Title _____

Date _____