

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

EMPLOYEE INFORMATION

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

WAIVER STATEMENT

I, _____, hereby request waiver of the requirement
Please Print Name

for direct deposit of my future paychecks for the following hardship reason:

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

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 requirement for granting a waiver.

- | | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
|-----------------------------------|---------------------------------|

Agency Name: _____ Agency AFS Number: _____

_____ Agency/Department Head (print)	_____ Agency/Department Head Signature
_____ Title	_____ Date

OSUP USE ONLY

- | | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
|-----------------------------------|---------------------------------|

_____ OSUP/DOA Representative (print)	_____ OSUP/DOA Representative Signature
_____ Title	_____ Date