STATE OF LOUISIANA

OFFICE OF STATE UNIFORM PAYROLL

REQUEST FOR DIRECT DEPOSIT WAIVER

EMPLOYEE INFORMATION				
NAME:ADDRESS:CITY/STATE:		AGENCY: SOCIAL SECURITY NO: DAYTIME PHONE:		
WAIVER STATEMENT				
l,	Please Print Name	, hereby request waiver of the requirement		
for direct deposit of my future paychecks for the following hardship reason:				
	Geographical Barrier	Physical/Mer	ntal Disability Barrier	
	Unable to establish account	Other		
Please use this space to explain above indicated reason:				
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.				
<u> </u>	Employee Signature		Date	
AGENCY PAYROLL/PERSONNEL USE ONLY				
	Approved	Denied		
Agency Name:			Agency AFS Number:	
	Agency/Department Head (print)	Agency/Depar	rtment Head Signature	
Title Date			Date	
OSUP USE ONLY				
	Approved	Denied		
OSUP/DOA Representative (print)		OSUP/DOA Representative Signature		
Title		Date		