

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

EMPLOYEE INFORMATION

NAME: _____ AGENCY: _____
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:

- Geographical Barrier Physical/Mental 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.

Employee Signature

Date

AGENCY PAYROLL/PERSONNEL USE ONLY

- 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