

**Louisiana Community & Technical College System Centralized Payroll
Request for Direct Deposit Waiver**

EMPLOYEE INFORMATION

NAME: _____ COLLEGE/CAMPUS: _____
ADDRESS: _____ Employee ID: _____
CITY/STATE: _____ DAYTIME PHONE: _____

WAIVER STATEMENT

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

Geographical Barrier Physical/Mental Disability Barrier Unable to Establish Account *
 Temporary Waiver Request with specified begin/end dates and specified circumstance for temporary wavier request.

*Proof from banking institution of inability to establish account required to be submitted along with this form.

Please use this space to explain above indicated reason:

I understand that Louisiana Community & Technical College System has a mandatory direct deposit policy for employees paid through the centralized payroll system.

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, and may not, therefore reach me by the Friday pay date.

For any funds paid to me which are not due and owing to me I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

Employee Signature

Date

LCTCS USE ONLY

Approved

Denied

LCTCS Representative (Signature)

LCTCS Representative (Signature)

Date

Date