### **Direct Deposit Personal Exemption Request Form**

### **Employee Information**

Last Name	First		Middle
Street Address	City	State	Zip Code
Job Title		Employe	e ID
Technical College	Work Unit		
E-Mail Address	Work Telephone Number		

#### Policy:

It is the policy of the State of Georgia that all employees paid by the PeopleSoft HCM central payroll system (System) administered by the State Accounting Office (SAO) be required to use direct deposit to receive payroll related payments. The policy can be located on SAO's website (www.sao.georgia.gov) at the following location: State Accounting Office Policy Manual: Category 5 – Business Process Policies & Procedures.

## **Personal Exemption Request:**

I request t	o be paid by paper check for the following reason (check one):
	I currently do not have an account at an eligible financial institution and am unable to obtain an account. Attached is a letter from an eligible financial institution to this effect.
	I request that the State Accounting Officer consider an exemption for my specific extreme hardship. Attached is a letter explaining my hardship.

# **Employee Acknowledgements:**

All payroll related payments will be made in accordance with O.C.G.A. 50-5B-3(3) which states "The State Accounting Officer shall prescribe the manner in which disbursements shall be made by state government organizations." I understand that all paper checks will be dated and mailed by the State Accounting Office on the employee's designated payday. No post dated paper checks will be mailed prior to the designated payday. An employee receiving his/her pay by paper check will be required to maintain a valid mailing address in the PeopleSoft System.

#### **Employee Acknowledgements (Continued):**

The State of Georgia assumes no responsibility for a delay in an employee receiving a paper check via the United States mail or its equivalent.

If it is necessary for a paper check to be reissued in response to a lost check, the employee understands that he/she may have to wait up to seven (7) days before a replacement check can be issued and mailed.

An employee may enroll in direct deposit at any time should his/her circumstances change and understands that he/she may be offered other payment methods as options (other than paper check) when such options may become available.

By signing in the signature block below, I acknowledge having been provided a copy of the referenced policy requiring direct deposit; acknowledge the advisement to new hires and rehires regarding possible dismissal; acknowledge the risks associated with paper checks; and, hereby submit my request for an exemption for the reason state above.

Signature	Date

Completed form should be submitted to:

State Accounting Office Fax Number: 770-359-5944

E-Mail: stateaccountingoffice@sao.ga.gov

Attachment E. – Technical College Employees