

### Request for Waiver of Direct Deposit

*Please print.*

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Home Address \_\_\_\_\_ Unit \_\_\_\_\_  
\_\_\_\_\_ Office Phone # \_\_\_\_\_

### Waiver Statement

I, \_\_\_\_\_, hereby request waiver of the requirement for direct  
*Please print name*  
deposit of my future paychecks for the following hardship 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.

\_\_\_\_\_ / \_\_\_\_ / 200

Return completed form to:

Human Resource Management Office  
LSU Agricultural Center  
103 J. N. Efferson Hall  
P.O. Box 25203  
Baton Rouge, LA 70894

<b>For Payroll Office Use Only</b>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	_____ / ____ / 200
<i>Payroll Representative</i>	