

**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:

/ / Federal Work Study Student / /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