



# Idaho State Controller's Office

## Direct Deposit Personal Exemption Request Form

**Section I (to be completed by employee)**

Employee Name (Please Print)

Work Phone

Job Title

Last four digits of Social Security Number

**Policy**

It is the Policy of the Idaho State Controller's Office (SCO) that all employees paid by the Division of Statewide Payroll be required to participate in Direct Deposit to receive payroll related payments. The Policy in its entirety is available for review on the SCO Web site – <http://www.sco.idaho.gov>.

**Personal Exemption Request**

I request that I be exempted from the requirement that I participate in Direct Deposit and instead be paid by paper warrant (check) for the following reason (select one):

- I currently do not have a checking or savings account at an eligible financial institution and I am unable to obtain an account. Attached is a letter from an eligible financial institution to this effect.
- I request the State Controller to consider an exemption for my specific extreme hardship. Attached is a letter explaining my current situation.

**Employee Acknowledgement**

For payments not received by Direct Deposit, all paper warrants (checks) will be mailed by the SCO on the employee's designated payday. Any employee receiving his/her pay by paper warrant (check) shall be required to provide and maintain a valid mailing address with his/her employing agency.

By signing below, I acknowledge having been provided a copy of the referenced Direct Deposit Policy, understand the risks associated with mailing a paper warrant (check) and hereby submit my request for exemption for the reason stated above supported by the appropriate documentation.

Signature of Employee

Date

**Section II (to be completed by agency HR Department)**

Agency Name

Agency Number

Reviewed By (Name and Title of Agency HR staff reviewing request)

Date

Agency HR Contact

Phone

**Mail form to the State Controller's Office, Attn: Division of Statewide Payroll, PO Box 83720 Boise, ID 83720-0011**

**Section III (to be completed by the State Controller's Office)**

Date Received \_\_\_\_\_ Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Signature

Date

