



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

M. J. AMIKE ≅ FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

December 9, 1999

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM # 2000-36

TO: All UPS Agencies

FROM: Ronald S. Mitchell
Director

SUBJECT: Mandatory Direct Deposit (EFT)

Commissioner Mark Drennen previously forwarded a memo on November 22, 1999, to all Department Secretaries and Elected Officials on the Uniform Payroll System (UPS) advising them of the Division of Administration's **Mandatory Direct Deposit Policy effective April 2000**. In order to implement this policy, the following procedures have been developed:

1. **Letter to employees not on direct deposit** – A letter and Direct Deposit Enrollment form (UPR/F45) will be forwarded from Commissioner Drennen to all employees not on direct deposit by late December 1999. The letter will indicate that employees who do not sign up for direct deposit are responsible for acquiring a Request for Direct Deposit Waiver form from their agency to complete and return to the agency for approval or denial of the waiver.
2. **Report and follow up** – A report will be provided to agencies in December 1999 listing all employees not on direct deposit who were mailed a letter. Office of State Uniform Payroll (OSUP) will utilize a similar report and the Request for Direct Deposit Waiver forms received from the agencies on regular basis to track employees who are not complying with the Division's policy on direct deposit. OSUP will follow up with the employees and/or agencies.
3. **Request for Direct Deposit Waiver form** – If an employee claims a waiver for direct deposit, this form must be obtained from the agency, completed by the employee and returned to the agency. Upon receipt of the form, the agency Department Head or Representative must approve or deny the waiver based on the reasonableness of the request. Agency should keep a copy of the form in a pending file and forward the original to OSUP.

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The Division of Administration/OSUP will review the form and make the **final decision** of whether the waiver request is valid. The form will be returned to the agency, which in turn will notify the employee if he/she is exempt from direct deposit.

The agency should maintain a copy of the original waiver form for their records and note when the employee was informed of his/her waiver status. A copy of the waiver form is attached. Please use this form as a master.

4. **Hiring new employees** – As new employees are hired within the agency, the agency's Human Resources Section should require them to complete a Direct Deposit Enrollment form or a Direct Deposit Waiver form if they are going to claim a hardship for direct deposit. The same procedures outlined in item number 3 above then should be followed.
5. **Financial WEB site** – OSUP is in the process of gathering information from financial institutions in Louisiana regarding low-cost accounts for employees. This should assist employees in their selection of a financial entity for direct deposit. This information will be available around February/March 2000 on the Internet at www.doa.state.la.us/osup.htm, OSUP's WEB site. Agencies should assist employees in accessing this information if necessary. Employees not on direct deposit will be informed of this WEB site in the letter that is sent to them by Commissioner Drennen.
6. **Failure to comply** – In May 2000, employees who are not on direct deposit will no longer have their payroll checks mailed on Wednesday. Their checks will be mailed on payday, which is usually Friday. Also, OSUP will not place a stop pay on a lost payroll check along with the processing of the subsequent supplemental request until the Wednesday of the next payday week.

If you have any questions on these procedures, please contact a member of the User Services Unit:

Stacey Guilbeau	(225) 342-5337	Paula Rotolo	(225) 342-5357
Debbie Causey	(225) 342-5377	Karen Antoine	(225) 342-5354
Lawanna Green	(225) 342-5345		

RSM:kmb

Attachment: Direct Deposit Waiver form

STATE OF LOUISIANA
OFFICE OF STATE UNIFORM PAYROLL
REQUEST FOR DIRECT DEPOSIT WAIVER

EMPLOYEE INFORMATION

NAME: _____ AGENCY: _____
ADDRESS: _____ SOCIAL SECURITY NO: _____
CITY/STATE: _____ DAYTIME PHONE: _____

WAIVER STATEMENT

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

- Geographical Barrier Physical/Mental Disability Barrier
 Unable to establish account Other

Please use this space to explain above indicated 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 Friday.

Employee Signature

Date

AGENCY PAYROLL/PERSONNEL USE ONLY

- Approved Denied

Agency Name: _____ Agency AFS Number: _____

Agency/Department Head (print)

Agency/Department Head Signature

Title

Date

OSUP USE ONLY

- Approved Denied

OSUP/DOA Representative (print)

OSUP/DOA Representative Signature

Title

Date