

State of Minnesota DIRECT DEPOSIT EXCEPTION

Direct Deposit Policy:

State employees are required to receive 100% of their net pay by direct deposit, as permitted under M.S. 16A.17, Subd. 10. Exceptions may be considered only by Minnesota Management & Budget, Statewide Payroll Services, for a limited number of situations upon receipt of this form.

To comply with the Direct Deposit Policy, employees must complete a State of Minnesota Payroll Direct Deposit Authorization form for 100% of net pay.

| Reason for requesting an exception to the 100% Direct Deposit Policy: | | | | | | |
|--|---|---|--------|--------------------|--------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I am requesting a check instead of direct deposit for: | | | | | | |
| | | ne or two pay periods | | ths | Six months | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| H | If your exception is approved, the following section applies to you. Read it carefully and then | | | | | |
| | complete the bottom of this form. | | | | | |
| I understand that if I am granted an exception to the Direct Deposit Policy, I accept the risk for the following: If my warrant is delayed for any reason, I will need to wait five calendar days after payday before requesting a reprint. | | | | | | |
| | • I understand there are no exceptions to the five-calendar-day waiting period for a reprint. Warrants have been: | | | | | |
| | lost in the mail, delivered to the incorrect address, delayed due to holidays, delayed due to bad weather, damaged by mail sorting equipment and returned as undeliverable, damaged by bank sorting equipment | | | | | |
| | rendering them unable to be processed, and destroyed. I fully understand that, NO MATTER THE REASON, THERE ARE NO EXCEPTIONS to the reprint policy. | | | | | |
| | To request a reprint, I must complete and sign an Affidavit Concerning A State Of Minnesota Payroll Warrant form before a Notary Public and submit this form to my agency payroll representative. | | | | | |
| | I understand warrant reprints will be mailed to my home address. I will not be allowed to pick up the warrant. | | | | | |
| | I understand it may take ten calendar days, or more, from the original payday before I receive the reprinted warrant. | | | | | |
| Employee Name (Please Print) | | | | Employee ID number | | |
| Signature | | | | Date | | |
| | | | | | | |
| For Agency Contact Use: | | | | | | |
| | Agency | Agency Contact (Please | Print) | | Phone Number | |
| | | | | | | |

Employee: Submit this form to your direct deposit designee or your payroll office.

<u>Agency Contact</u>: Submit this form to Minnesota Management & Budget, Statewide Payroll Services, 658 Cedar St., Ste 400, Saint Paul, MN 55155-1616 or fax to 651-296-8325.