State of Maine Office of the State Controller Payroll Division

Direct Deposit Exemption Request Form

Employee Information

Last		First		M.I.
Street Address	Apartment/Unit #	City	State	ZIP Code
Job Title				Position Number
Agency / Department			Work Location	
Employee's Email Address				Work Phone

Standards and Procedures

It is the Law of the State of Maine that State employees paid by a payroll center administered by the Office of the State Controller (OSC) be required to use the direct deposit feature to receive payroll related payments. The standards and procedures may be viewed at the State Controller's Website.

Personal Exemption Request (*To be completed by employee desiring to be exempted from the requirement that they enroll in the direct deposit feature*)

I request that I be paid by paper check for the following reason (Check one):

_____The employee has a physical or mental disability, as documented by a health care professional licensed in this state that would impede the employee's ability to gain access to electronically deposited funds. Documentation required.

_____The employee certifies that his or her religious convictions preclude the use of direct deposits. Attached is a letter of explanation.

____I request the State Controller to consider an exemption for my specific hardship. Attached is a letter explaining my hardship.

Employee Acknowledgements

All payroll related payments shall be made in accordance with PL 2008, Chapter 539 which requires the delivery of payment to the legally designated recipient by United States mail or its equivalent, including electronic funds transfer. For payments not made by electronic funds transfer, all paper checks shall be mailed by the State Treasurer and shall be dated the date of the employee's pay date. No post dated paper checks shall be mailed payday.

The State assumes no responsibility for the delay in receiving a paper check via the United States mail or its equivalent. Should a paper check have to be reissued due to a lost check, employee may have to wait for as much as seven days before a replacement check will be issued and mailed within seven days of the receipt of an affidavit attesting to the loss.

Employee may enroll in the Direct Deposit feature should circumstances change. Employee acknowledges that he/she may be offered other payment methods as options, other than paper check, when such options may become available.

By signing below, I acknowledge having been provided a copy of the referenced standards and procedures requiring Direct Deposit, acknowledge the risks associated with paper checks, and hereby submit my request for exemption for the reason stated above.

Signature of Employee

Date

Instructions:

Employee should execute and submit this form to the following address: Office of the State Controller Attn: Payroll Division 14 State House Station Augusta, ME 04333 OSC Use Only

Or Fax to: 207- 626-8453 OSC Version