



Submit executed forms to:  
State Accounting Office  
Fax Number: 770-359-5944  
Email: [stateaccountingoffice@sao.ga.gov](mailto:stateaccountingoffice@sao.ga.gov)

## Direct Deposit Personal Exemption Request Form

### Employee Information

Last	First	M	
Street Address	City	State	Zip Code
Job Title	Employee ID		
Organization / Department	Business Unit		
Employee's Email Address	Work Phone		

### Policy

It is the policy of the State of Georgia that all employees paid by the TeamWorks HCM central payroll system (system) administered by the State Accounting Office (SAO) be required to use direct deposit to receive payroll related payments. The policy can be found on SAO's website by following this navigation: [Policies and Procedures>Business Process Policies>Payroll](#)

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

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

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

### Employee Acknowledgements

All payroll related payments will be made in accordance with OCGA 50-5B-3(3) which states "The State Accounting Officer shall prescribe the manner in which disbursements shall be made by state government organizations." For payroll related payments not made by electronic funds transfer, all paper checks will be mailed/distributed by the employing agency on the employee's designated payday and will be dated the date of the employee's pay date. No post dated paper checks will be mailed prior to the designated payday. Any employee receiving his/her pay by paper check will be required to maintain a valid mailing address in the system.

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, the employee may have to wait up to seven days before a replacement check can be issued and mailed.

Employee may enroll in direct deposit 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 policy requiring direct deposit, acknowledge the advisement to hires and rehires regarding possible dismissal, acknowledge the risks associated with paper checks, and hereby submit my request for exemption for the reason stated above.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date