



Date: _____

PAYROLL REQUEST FORM- ePayAdvice Exemption Form

This request is for: (Please Print)

Name Social Security Number

This is to certify that although having been assigned a Single-Sign-On account, the above named employee does not have and cannot be given access to a computer to make use of the ePayAdvice application. It is, therefore, requested that the employee continues, until further notice, to receive printed pay advices.

Employee Signature

Supervisor Signature