



**Department of Transformation and Shared Services
Office of Personnel Management
Direct Deposit Hardship Exemption Request**

Section I

Name _____

Position Title _____ Position # _____

Hiring Official _____ Phone _____ E-mail _____

Section II

In accordance with Act 1887 of 2005, as a condition of employment, a person hired or appointed to a position in any agency in State government on or after August 12, 2005 shall be required to accept payment of salary or wages by electronic warrants transfer (ACH). The ACH payment shall be in the form of a direct deposit.

The Chief Fiscal Officer of the State has the authority to grant exemptions to the direct deposit requirement due to hardship or any other reasonable basis.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the law and enroll and remain enrolled in direct deposit or request an exemption from these requirements. I understand that I can go no further in the hiring process until the request for exemption is reviewed.

I am a current employee requesting discontinuation of direct deposit due to hardship.

Section III

I hereby request an exemption from the requirements of mandatory participation in direct deposit for the following hardship:

Signature _____ Date _____

Section IV *(This section to be completed by HR Official)*

Agency Name _____ Business Area _____

Reviewed By: _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Fax form to OPM at (501) 682-5104 or send by messenger/mail 501 Woodlane, Suite 205 Little Rock, AR 72201 (Questions can be directed to (501) 682-1753.

Section V *(This section to be completed by Chief Fiscal Officer of the State)*

Request Approved Request Denied

Signature _____ Date _____

Section VI *(This section to be completed by HR Official)*

Date Hiring Official/Employee Notified of Decision

By Whom