

# University of Arkansas for Medical Sciences

## Direct Deposit Hardship Exemption Request

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### Section I

Name \_\_\_\_\_

Position Title \_\_\_\_\_ SAP # \_\_\_\_\_ Mail Slot \_\_\_\_\_

Department \_\_\_\_\_ 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/institution in State government on or after August 12, 2005 shall be required to accept payment or wages by electronic warrants transfer (ACH). The ACH payment shall be in the form of a direct deposit.

\_\_\_\_ (initial) 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.

\_\_\_\_ (initial) I am a current employee (hired before March 22, 2005) requesting discontinuation of direct deposit due to hardship. I understand that should I be granted my request, I will be charged a one-time \$50.00 fee payable to UAMS and submitted to the UAMS Treasurer's Office located on the 1<sup>st</sup> floor of the Central Hospital Building Room M1092. If the exemption is approved it will not be processed until the \$50.00 fee has been submitted and processed by the Treasurer's Office.

### Section III

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

### Section IV

\_\_\_\_ (initial) I understand that if the exemption is approved and if I re-enroll in direct deposit at a later date that I cannot request a second exemption at any time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by the Office of Human Resources and Treasury Department if necessary:

\_\_\_\_ Request Approved      \_\_\_\_ Request Denied

### Section V

Signature \_\_\_\_\_ Date \_\_\_\_\_

UAMS Associate Vice Chancellor, Chief Human Resources Officer or Designee

If approved, \$50 payment has been paid: \_\_\_\_\_ yes \_\_\_\_\_ no

Signature \_\_\_\_\_ Date \_\_\_\_\_

Treasury Office Representative

Employee - fax completed form to the Office of Human Resources 501-686-5386 or slot 566.

Human Resources send copy to Treasury slot 560 and employee's slot listed above.

Final copy faxed to OHR Records 501-603-1318 or slot 564-1.