



CHECK DIVERSION REQUEST FORM

Employee Name: _____
Please Print

ID# _____ **PAYROLL:** State: _____ Research: _____

Department : _____ Work phone: _____

A: Please change the distribution of my paycheck as follows:

_____ 1) Mail my paycheck to the address on file.

_____ 2) Mail my paycheck to the following address:

_____ 3) Hold my paycheck in Payroll Services for pickup:

- **State Employees** – On Wednesday between 6:30 am & 4:30 pm
- **Research Employees** – On Friday between 8:00 am & Noon

Checks not picked up by the designated time will be placed in the US Mail.

B: Please make these changes:

_____ 1) Permanently.

_____ 2) One check only, check dated: _____

_____ 3) Until Direct Deposit starts.

_____ 4) Between the following dates: Start: _____

End: _____

Employee Signature

Date