

**Direct Deposit Waiver
PCG-DDWVR****1. POLICY:**

- 1.1. As of January 1, 1996, participation in Direct Deposit is a mandatory condition of employment with the State of Delaware.
- 1.2. New employees must participate in Direct Deposit within three pay periods of their hire date.
- 1.3. Those exempt from Direct Deposit are: Grandfathered employees, attaches, student workers, tutors, aides, substitutes or casual/seasonal employees (term not to exceed two months).
- 1.4. All other employees must participate in Direct Deposit or submit a request to waive the requirement which must be approved by both the Head of the employing Department and the Secretary of Finance.

2. DEFINITIONS:

- 2.1. *Approved Direct Deposit Waiver* – exempts an employee, with a valid and documented reason, from the mandatory requirement.
- 2.2. *Grandfathered Employee* (with regards to Direct Deposit) – any employee with an Original Hire Date prior to January 1, 1996, with no breaks in State service.

3. PROCEDURE:

- 3.1. Upon the employee's request to be waived from the mandatory Direct Deposit requirement:
 - 3.1.1. Provide the employee with the [Request for Direct Deposit Waiver](#) form.
 - 3.1.2. Employees may be asked to provide supporting documentation (i.e., letters from financial institutions, police report, etc).
 - 3.1.3. Obtain approval from the Organization Head (i.e., Cabinet Secretary or Superintendent).
 - 3.1.4. Submit the completed form and documentation to PCG.
- 3.2. The PCG reviews the request for completeness, forwards the documentation to the Director of Accounting and the Secretary of Finance for approval. The PCG sends the approved/disapproved Waiver form to the requestor.
- 3.3. The requestor notifies the employee of the approval/disapproval. When requests are disapproved, the employee must complete a Direct Deposit Authorization form immediately.
- 3.4. The PCG reviews waivers on file annually to determine if conditions that allowed the waiver have changed.

4. ADDITIONAL CONSIDERATIONS:

- 4.1. Deposit Non-Participants Report-DEPRNODD (DocumentDirect)
- 4.2. PRU-DD-01 – Direct Deposit (PHRST website)
- 4.3. PRU-DD529-01 - Section 529 College Investment Fund (PHRST website)
- 4.4. PCG-DDMPE – Mandatory Direct Deposit Participation Enforcement & Escalation Process

5. SUPPORTING DOCUMENTS:

- 5.1. Direct Deposit Authorization Form (PHRST website)

DIRECT DEPOSIT WAIVER REQUEST

FAX TO: Division of Accounting
Payroll Compliance Group
820 Silver Lake Blvd Suite 200
Dover, DE 19901
(302) 739-1304

FROM: _____ (Name)
_____ (Phone)
_____ (FAX)
_____ (eMail)
_____ (Department ID)

Employee Name: _____
EMPLID: _____

Status: Part-Time Substitute Permanent Casual/Seasonal Other

I am requesting a waiver of the requirement for direct deposit of my paycheck for the following reason (provide copies of supporting documents; ie. bank letters, fraud reports, etc):

I understand that if my request for waiver of the requirement for direct deposit is approved by the Secretary of Finance, my paycheck may be mailed directly to my home address.

Employee Signature

Date

Approved Denied _____
Cabinet Secretary/Agency Head Date

Approved Denied _____
Secretary of Finance Date

Organization Notified Employee Notified