

PAYROLL OFFICE TWAMLEY HALL ROOM 312 264 CENTENNIAL DRIVE – STOP 7127 GRAND FORKS, NORTH DAKOTA 58202-7127

> PHONE (701) 777-4226 FAX (701) 777-4721

Electronic Paystub Exemption

Name:			EmpIID	
	request to be exempt from pay period, due to the fo		nd request to receive a paper copy of a	
	I will not receive more than two pay checks in a calendar year.			
	Signature of Employin	g Department	Date	
	I do not have internet	I do not have internet access at work OR at home.		
	This employee does not have access to a computer at work and we are unable to provide this access.			
	Department Chair		Date	
	Special circumstances-must be significant and not due to personal preference of hard copy paystubs (Requires President or Vice-President approval):			
I hereby certi	fy that all of the above inf	formation is true, complet	re and correct.	
Signature			Date	
Submit form t	co: Payroll Office, Twaml	ey 312 or mail to: 264 Co	entennial Drive Stop 7127	
Office Use	•	Signature	Title	