



# ELECTRONIC PAY ADVICE ELECTION AGREEMENT

**EMPLOYEE INSTRUCTIONS:**

1. An employee paid **monthly** is defaulted **into** receiving his or her pay advice electronically at the time of employment or reemployment and will remain defaulted even if transferred to a biweekly position. Use this form to opt out of receiving your pay advice electronically or to opt in if you previously opted out.
2. An employee paid **biweekly** is defaulted **out** of receiving his or her pay advice electronically at the time of employment or reemployment. Use this form to opt in to receiving your pay advice electronically or to opt out if you previously opted in. If transferring to a monthly position, you will be defaulted into receiving your pay advice electronically.

Employee Name (Please Print - First, MI, Last)	Check One <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Biweekly	Employee Number _____ <b>OR</b> Last Four Digits of Social Security Number  X X X X - X X - _ _ _ _
Employee Work Location	Employee Work Phone Number	

## ELECTION AGREEMENT

- I elect to opt in and begin receiving my pay advice electronically. I understand that this will stop my pay advice from being sent to me via the U.S.mail.
- I elect to opt out of receiving my pay advice electronically. I understand that I will receive my pay advice in writing via the U.S. mail.

- ◆ This election remains in place until you change it.
- ◆ Your electronic pay advice will be e-mailed to your official FCPS e-mail account two to three days prior to your scheduled payday.
- ◆ Please check your pay advice each pay period to review your earnings, tax withholdings, and deductions.
- ◆ Always remember to verify your direct deposit information with your bank.
- ◆ Past pay information is available on UConnect at <http://www.fcps.edu/DHR/uconnect> (link is case sensitive).
- ◆ If you have questions about how to complete the form or about how to obtain your pay advice electronically, please contact the Department of Human Resources Client Service Center at 571-423-3000.
- ◆ Return form by pony or U.S. mail to:

Fairfax County Public Schools  
 Office of Payroll Management  
 8115 Gatehouse Rd. Suite 2200  
 Falls Church, VA 22042

I elect Fairfax County Public Schools (FCPS) to provide me with my pay advice each pay period as indicated by my selection above. I understand that this election remains in place until I submit a new form.

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

\_\_\_\_\_  
 Date

*For Payroll Use Only:*

\_\_\_\_\_  
 Input by

\_\_\_\_\_  
 Date