



ELECTRONIC PAY ADVICE ELECTION FORM

Employee self-service eliminates paper pay stubs and allows access to view and print bi-weekly pay stubs and W-2 tax documents.

Name: _____

School/Department: _____

Employee ID (if known) _____

Date: _____

I hereby designate that I wish to receive the following payroll communications by electronic media available through the Employee Self Service (ESS) portal.

Check all those that apply

_____ Bi-weekly Direct Deposit Advices

_____ W-2s

_____ 1095s (ACA health insurance notices)

Signature of Employee