

**STATE OF OHIO
ePAY NOTIFICATION**

(Please print or type)

Employee's Name (First, Middle, Last):		Social Security Number:	
Department:	Institution/Division:	Unit:	
Work Address: (Street, City, State, Zip Code)		County: _____	
Home Address: (Street, City, State, Zip Code)		County: _____	
Email Address:			

By signing below, I certify that I:

- Accept electronic receipt of my pay stub information.** I understand that, by accepting electronic receipt of my pay stub information, a paper payroll earning statement will not be issued to me, and I will instead receive my pay stub information via the Internet.

- Decline electronic receipt of my pay stub information.** I understand that, by declining electronic receipt of my pay stub information, I will not be able to access my pay stub information via the Internet and instead will be issued a paper payroll earning statement.

I further understand that this certification will remain in effect until I submit a new ePay Notification form.

Employee's Signature: _____ **Date:** _____

For Agency Use ONLY:	
Date Received: _____	NOTE: Completed ePay Notification Forms shall be placed in the employee's agency personnel file.
Date Logged: _____	