



# ELECTRONIC PAY ADVICE AGREEMENT

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         -       -
Employee Work Location	Employee Work Phone Number	

## AGREEMENT

### Employees Paid Monthly/Biweekly

I agree to 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.

- ◆ 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.
- ◆ Pay information is available on UConnect at <http://www.fcps.edu/hr/technology/uconnect.shtml> (link is case sensitive). Information on UConnect will be available on payday.
- ◆ If you have questions about how to complete the form, 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 agree that Fairfax County Public Schools (FCPS) provide me with my pay advice each pay period as indicated by my selection above.

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

\_\_\_\_\_  
 Date

*For Payroll Use Only:*

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

\_\_\_\_\_  
 Date