



## ELECTRONIC PAY ADVICE AGREEMENT

Employee Name (Please Print - First, MI, Last)

Check One

☐ Paid Monthly ☐ Biweekly

Employee Number

|\_|\_|\_|\_|\_|\_|\_|

**OR**

Employee Work Location

Employee Work Phone Number

Last Four Digits of Social Security Number

|X|X|X|X|-|X|X|-|\_|\_|\_|\_|

### 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