



Administrative and Regulatory Shared Services Center SSC-7 Exception to Electronic Pay Stub System Request

Part 1: Employee information - must be completed by employee making the request

Step 1: Identify yourself

Name: _____ Social Security number: _____ - _____ - _____

Agency: _____

Step 2: Check the reason you are making this request (Check all that apply.)

- Do not have access to the internet at work.
- Do not have access to the internet at home.
- Do not have a network identification number.
- Do not have an active email address at work.
- Do not have an active email address at home.

Step 3: Sign and date.

Your signature: _____ Date: ____/____/____

Official Use Only

Part 2: Administrative information - must be completed by the designated section

Information Services Bureau Section

Received by: _____ Date: ____/____/____

Title: _____

Action: Approved Denied

Explain action: _____

Agency Director or Secretary information Section

Received date: ____/____/____

Approved Denied

Signature: _____ Date: ____/____/____

EPASS Payroll Administrator information Section

Received date: ____/____/____

Date EPASS changed: ____/____/____

Signature: _____ Date: ____/____/____

Mail to:



ARSSC
101 WEST JEFFERSON MAIL CODE 5-110
SPRINGFIELD ILLINOIS 62702