



DCW Opt Out Pay Stub Request Form

Participant/CLE C Number: _____

Participant/CLE Name: _____

DCW Name: _____

DCW E Number: _____

Last 4 digits of SSN: _____

By checking this box and signing below, I hereby authorize Tempus Unlimited, Inc. to stop sending my DCW Pay Stub by mail. This authorization is to remain in full force and effect until Tempus Unlimited, Inc. receives written notice from me of its termination in such time and in such manner as to afford Tempus Unlimited, Inc. reasonable opportunity to act on it.

DCW Signature: _____ Date: _____

Please note: The easiest way to view/print payroll information such as pay stubs and W2's is by using the Employee Self Service (ESS) Portal. You can find instructions for the ESS Portal at: <https://pa.tempusunlimited.org/ess-portal/>