



DEPARTMENT OF ADMINISTRATIVE SERVICES REQUEST FOR PAYROLL ADVANCE

EMPLOYEE: (Complete this section and forward to your supervisor)

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
WORK LOCATION (COST CENTER NAME / NUMBER)		TELEPHONE NUMBER	AMOUNT OF REQUEST
Management Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Unrepresented <input type="checkbox"/> Bargaining Unit <input type="checkbox"/> Name _____ _____			
REASON: (Must be in compliance with Personnel Rules, DAS Administrative Rules or Collective Bargaining Agreement - whichever is applicable.)			
<input type="checkbox"/> Death in family necessitating unforeseen expenditures or travel <input type="checkbox"/> Major car repair such as engine, transmission or catastrophic failure. (Not to be confused with minor repairs, maintenance, tires, etc.) <input type="checkbox"/> Theft of cash representing major portion of most recent pay. <input type="checkbox"/> Automobile accident leading to loss of vehicle use. <input type="checkbox"/> Accident or sickness (self or family) requiring immediate substantial cash outlays.		<input type="checkbox"/> Destruction or major damage to home requiring immediate substantial cash outlays. <input type="checkbox"/> New employee lack of funds (maximum – 1 draw). <input type="checkbox"/> Unreimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home, renting a different residence. <input type="checkbox"/> Other: _____ _____	
<i>I understand the amount requested cannot exceed 60% of my gross wages earned to date this pay period</i>			
ASSIGNMENT OF CLAIM			
For the consideration of (\$ _____), I hereby assign and transfer to the _____ <div style="text-align: right;">(State Agency)</div> such amount of my salary due me from the State of Oregon for the month ending _____, and hereby authorize the said assignee to withhold such amount from any salary payment made to me to be applied as a reimbursement of the said amount advanced to me in accordance with the provisions of Chapter 567 O.L. 1981 (ORS 292.033).			
EMPLOYEE SIGNATURE (I verify a valid emergency condition exists and assign claim)			DATE

SUPERVISOR / PERSONNEL OFFICE:

ELIGIBLE HOURS TO DATE THIS PERIOD	SUPERVISOR/MANAGER SIGNATURE	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	OSPS AUTHORIZED SIGNATURE (I verify Employee's signed Authorization for Assignment of Claim has been obtained)	DATE
IF DENIED, STATE REASON		

PAYROLL:

GROSS EARNINGS	60% OF GROSS	(-) WAGE ATTACHMENT	NET PAY AVAILABLE (60% less Wage Attachment)	INITIAL / DATE
EMPLOYEE SSN	AGENCY #	PAY PERIOD ENDING	CHECK DATE	CHECK AMOUNT

REQUEST FOR PAYROLL ADVANCE

A Request For Payroll Advance form is required when an employee is receiving an advance of wages earned. It is recommended the agency calculate 60% of wages earned but not paid when determining the amount of advance to which an employee is entitled. Payroll advances are governed by OAM policy 45.25.00.PO or the applicable bargaining agreement and are for emergency situations only.

This form is available online through our website at this address:

<http://www.oregon.gov/DAS/EGS/FBS/OSPS/Pages/form.aspx>. Forms on our website may be completed online before printing to ensure legibility.

OSPS Support Services requires completion of the following fields:

EMPLOYEE Section:

Name of Employee
Reason for Request
Assignment of Claim information
Signature of Employee

SUPERVISOR/PERSONNEL Section:

Supervisor/Manager Signature
OSPS **Authorized Signature**

If you do not know who is an **authorized signer** for your agency, please contact OSPS.

PAYROLL Section (bottom dark border boxes):

EMPLOYEE SSN
AGENCY #
PAY PERIOD END DATE
CHECK DATE
CHECK AMOUNT

Completion of the above information is **required** to process your request. Completion of any other information is strictly at agency discretion and is not required by OSPS Support Services.