



**OREGON STATEWIDE
PAYROLL SERVICES
(OSPS)**

(503) 378-3518 fax

E-mail:

OSPS.Help@das.oregon.gov

Online Resource Center:

<http://go.usa.gov/bEJk>

**INSTRUCTIONS TO
EMPLOYEES:**

Complete this form online
at: <http://go.usa.gov/BVNG>

1. Print form and **attach documentation.**
2. Obtain supervisor or manager signature.
3. Return form to your **agency payroll office.**

**INSTRUCTIONS TO
PAYROLL OFFICES:**

1. Complete Agency Payroll Authorization
2. Sign and date where indicated.
3. Fax form to OSPS.

For Agency Use

Rejected:

- Does not comply with regulations
 Too many requests this period
 Other (specify):

OSPS Use Only
Received Date Stamp

EMERGENCY PAY ADVANCE REQUEST

Pay advances are for EMERGENCIES ONLY. Requests must comply with Oregon Accounting Manual Policy [45.25.00.PO](#) and administrative rules or collective bargaining agreements.

About the Employee: (Completed by Employee)

Employee ID Number: (Please do not use your Social Security number here.)	
OR _____ (Don't know this? Find it on your paystub, or ask payroll to help.)	
Name: Last, First, MI	Daytime Telephone No.
Representation Status	
<input type="checkbox"/> Represented by _____	<input type="checkbox"/> Unrepresented: Exec Service
<input type="checkbox"/> Unrepresented: Mgmt Service	<input type="checkbox"/> Unrepresented: Other _____

About the Request: (Completed by Employee)

Contact your agency payroll unit for documentation requirements.

Choose a reason from the list below. Enter the code in the "Reason Code" box below.

- | | |
|---|--|
| DEC – Death in family necessitating unforeseen expenditures or travel | HOM – Destruction or major damage to home requiring immediate substantial cash |
| CAR – Major car repair such as engine, transmission, or catastrophic failure | NEW – New employee lack of funds |
| THF – Theft of cash representing major portion of most recent pay | MOV – Unreimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home or renting a different residence. |
| ACC – Automobile accident leading to loss of vehicle use | OTH – Other (explain) _____ |
| SCK – Accident or sickness (self or family) requiring immediate substantial cash | _____ |

Reason Code (see above)	Request Amount ¹ <input type="checkbox"/> \$ _____ .00 <input type="checkbox"/> Max (60% of gross)	Eligible Hrs (Worked/Leave Taken including Holiday) But Not Paid
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If approved, I will collect this emergency pay advance check by:

- Pick up at Payroll Office Shuttle / Mail to Worksite Mail to Home Address on File

¹I authorize my agency payroll office to deduct the amount I indicate above, or a lesser amount as calculated by the payroll office for available funds, from my next paycheck.

Employee Signature	Date
Supervisor/Manager Approval Signature	Date

Payroll Office Available Pay Calculation:

Hrs Worked	÷ Avail Hrs	x Mo. Salary	= Gross	x 60%	- Wage Attachment	= Available
Hrs Worked (Hourly EE)		x Hourly Rate				

Agency Payroll Authorization Request to OSPS:

Please produce an off-cycle, manual check for the following individual and amount:

Employee ID	Agency No.	Pay Period End	Check Date	Check Amt
OR _____				
OSPS Authorized Signature for Pay Advances		Date	Prepared by (if different)	