



Emergency Pay Advance Request

EMPLOYEE INFORMATION

Name:	EIN: OR	Agency (name and number)	Division	Telephone Number:
-------	------------	--------------------------	----------	-------------------

REPRESENTATION STATUS:	<input type="checkbox"/> Exec/Management Service / Unrep	<input type="checkbox"/> SEIU	<input type="checkbox"/> Other
------------------------	--	-------------------------------	--------------------------------

REASON FOR THE REQUEST: (ATTACH DOCUMENTATION)

<input type="checkbox"/>	Death in the family necessitating unforeseen expenditures or travel
<input type="checkbox"/>	Major car repair (engine, transmission or catastrophic failure)
<input type="checkbox"/>	Theft of cash representing a major portion of the most recent pay
<input type="checkbox"/>	Automobile accident leading to a loss of the vehicle use
<input type="checkbox"/>	Accident or sickness (self or family) requiring immediate substantial cash outlay
<input type="checkbox"/>	Destruction or major damage to home requiring immediate substantial cash outlay
<input type="checkbox"/>	New employee lack of funds (maximum of one draw in the first month of employment)
<input type="checkbox"/>	Un-reimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home or renting a different residence
<input type="checkbox"/>	Other: (Please Explain)

Requested Amount: <input type="checkbox"/> \$	<input type="checkbox"/> Max (60% of gross)	Eligible Hours (Worked/Leave Taken Including Holiday) But not Paid:
---	---	---

Employee Signature:		Date:	
Manager/Supervisor Signature:		Type/Print Name:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Appointing Authority Signature:	Type/Print Name:	Date:

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

Payroll Office Available Pay Calculation:

Hours Worked	÷ Avail Hours	x Mo. Salary	= Gross	x 60%	- Wage Attachment	= Available
Hours 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 OR _____	Agency No.	Pay Period End	Check Date	Check Amt
OSPS Authorized Signature for Pay Advances		Date	Prepared by (if different)	

REQUEST FOR EMERGENCY PAY DAY ADVANCE

A request for Emergency Pay Day Advance form is required when an employee is requesting to receive an advance of wages earned. Payroll advances are governed by OAM policy 45.25.00.PO or the applicable bargaining agreement and are for emergency situations only.

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

<https://www.oregon.gov/das/Financial/Payroll/Documents/75.45.02.FO.pdf> Forms on our website may be completed online before printing to ensure legibility

Instructions to Employees:

- 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) Obtain review by Appointing Authority
- 2) Complete Agency Payroll Authorization
- 3) Sign and date where indicated
- 4) Fax form to OSPS

Oregon Statewide Payroll Services (OSPS)

Fax: 503-378-3518

E-Mail: OSPS.Help@oregon.gov

Online Resource Center: <http://go.usa.gov/bEJk>