



**OREGON STATEWIDE  
PAYROLL SERVICES  
(OSPS)**

(503) 378-3518 fax

E-mail:

[OSPS.Help@das.state.or.us](mailto:OSPS.Help@das.state.or.us)

Online Resource Center:

<http://go.usa.gov/gG8>

**INSTRUCTIONS TO  
EMPLOYEES:**

1. Complete this form online at <http://go.usa.gov/33J>
2. Print form and **attach documentation.**
3. Obtain supervisor or manager signature.
4. 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

Revised 5/2011  
Form No. 75.45.02.FO

**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)

<b>Employee ID Number:</b> (Please do not use your Social Security number here.)	
OR _____ (Don't know this? Find it on your paystub, or ask payroll to help.)	
<b>Name: Last, First, MI</b>	<b>Daytime Telephone No.</b>
<b>Representation Status</b>	
<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.

- |   |  |
|---|--|
| <b>DEC</b> – Death in family necessitating unforeseen expenditures or travel            | <b>HOM</b> – Destruction or major damage to home requiring immediate substantial cash  |
| <b>CAR</b> – Major car repair such as engine, transmission, or catastrophic failure     | <b>NEW</b> – New employee lack of funds  |
| <b>THF</b> – Theft of cash representing major portion of most recent pay                | <b>MOV</b> – 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. |
| <b>ACC</b> – Automobile accident leading to loss of vehicle use                         | <b>OTH</b> – Other (explain) _____   |
| <b>SCK</b> – Accident or sickness (self or family) requiring immediate substantial cash | _____  |

<b>Reason Code</b> (see above)	<b>Request Amount</b> <sup>1</sup> <input type="checkbox"/> \$ _____ .00 <input type="checkbox"/> Max (60% of gross)	<b>Hours Worked, Not Paid</b>
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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

<sup>1</sup> I 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.

<b>Employee Signature</b>	<b>Date</b>
<b>Supervisor/Manager Approval Signature</b>	<b>Date</b>

**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:

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