

Request for Payroll Advance

Employee – Complete this section and forward to your supervisor.

Name of employee: (Last):	First name:	Middle initial:	Employee ID number:
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AFSCME SEIU Management service Other: _____

Reason (must be in compliance with personnel rules, DAS Administrative Rules or Collective Bargaining Agreement, whichever is applicable). See page 2 for reasons that **require** documentation.*

Check appropriate box below:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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"/> 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 – one draw).
<input type="checkbox"/> Non-reimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home, renting a different residence, etc.*
<input type="checkbox"/> Other:* _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I understand the amount requested cannot exceed 60% of my gross wages earned to date this pay period

Assignment of claim

For the consideration of (\$ _____), I hereby assign and transfer to the _____ (state agency) 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.I. 1981 (ORS 292.033).

Designate distribution method: _____

- Mail to work site Mail to home address Employee will pickup at Payroll – HSB 4th floor

Employee – *(I verify a valid emergency condition exists and assign claim.)*

(Signature) _____ (Date) _____ (Phone number) _____

Supervisor

(Eligible hours to date this period) _____ (Supervisor manager signature) _____ (Date) _____

Payroll office use – *(I verify employee’s signed authorization for assignment of claim has been obtained.)*

Approved _____
 Denied (DHS/OHA authorized signature) _____ (Date) _____

If denied, state reason:

Gross earnings:	60% of gross:	(-) Wage attachment:	Net pay available: (60% less wage attachment)	Initial/date:
Employee EIN:	Agency number:	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. Documentation of the emergency is required to be attached to the request as outlined below.

Employee responsibilities:

- * Complete and sign employee section.

Immediate supervisor: Sign the request and **ensure the proper documentation is attached to the form** before it is sent to Payroll (OAM 45.25.00 PO.103).

Reason (must be in compliance with personnel rules, DAS Administrative Rules, or Collective Bargaining Agreement, whichever is applicable). Per the Collective Bargaining Agreement with the Service Employees International Union (SEIU), “An emergency situation shall be defined as an unusual, unforeseen event or condition that requires immediate financial attention by an employee.” Examples of verifying documentation are provided below. Emergencies include, but are not limited to, the following circumstances:

- * Death in family necessitating unforeseen expenditures or travel. Documentation not needed.
- * Major car repair such as engine, transmission, or catastrophic failure (not to be confused with minor repairs, maintenance, tires, etc.). The documentation needed can be an estimate from the shop or receipt of costs.
- * Theft of cash representing major portion of most recent pay. The documentation needed can be a copy of the police report or incident report.
- * Accident or sickness (self or family) requiring immediate substantial cash outlays. The documentation needed can be a bill or receipt for costs.
- * Automobile accident leading to loss of vehicle use. The documentation needed can be a copy of the DMV accident report or police report.
- * Non-reimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home, renting a different residence, etc. The documentation needed can be a copy of a truck rental receipt or moving company receipt.
- * Other: Reason with **supporting documentation** appropriate to the situation.
- * Destruction or major damage to home requiring immediate substantial cash outlays. The documentation needed can be an estimate or receipt of insurance for repairs.
- * **New employee** lack of funds (maximum – one draw). Documentation not needed.

Payroll unit responsibility:

- * Complete the payroll section of the form.
- * Attach approved pay advances within the last twelve months. Forward request to payroll manager for approval/denial.
- * Notify employee of approval or denial.