



# Payroll Advance Request

(Please send completed form to Payroll, Thompson University Center)

## Identification

UO ID \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle

Position \_\_\_\_\_ Suffix \_\_\_\_\_ E Class \_\_\_\_\_

Time Entry Org \_\_\_\_\_ Department \_\_\_\_\_

## Employee Declaration

I need this advance due to an unusual, unforeseen event or condition that requires my immediate financial attention.

### Brief Description of the Emergency

I understand that it is University policy to grant no more than two emergency payroll advances per calendar year and that the amount requested shall not exceed 60% of my earnings to date for the current month.

By signing this form, I authorize the University of Oregon Payroll Office to deduct this advance in full from my next paycheck, or any future paycheck should the deduction not be taken as scheduled. In the event this automatic deduction cannot be taken I will reimburse the University within 30 days from this date.

\_\_\_\_\_  
Payee Signature Date

## Requested Amount

Estimated Hourly Earnings to Date: (if hourly),

Hours Worked This Month \_\_\_\_\_ Rate \_\_\_\_\_

Amount Requested \_\_\_\_\_ Requested Availability Date \_\_\_\_\_

**Note:** If the advance request is received and approved by noon, the deposit should occur within three business days. If a paper check is issued it will be mailed to the address on file.

## Payroll Office Use

Year \_\_\_\_\_ Pay No \_\_\_\_\_

Amount \_\_\_\_\_ PDAEDN Deduction Effective Date \_\_\_\_\_

## Authorization

	Print	Sign	Phone	Date
Prepared By				
Dept Approval				