

PAYROLL ADVANCE REQUEST

EMPLOYEE: (Complete this section and attach a copy of your current month time sheet or leave report approved by your supervisor. Student employees are not eligible for pay advances.)			
NAME OF EMPLOYEE (Last)	(First)	(Middle Initial)	ID #
DEPARTMENT	TELEPHONE NUMBER	AMOUNT OF REQUEST \$	
EMPLOYEE DECLARATION:			
REASON: <i>(Must be in compliance with SOU Policy or SEIU Collective Bargaining Agreement)</i>			
<input type="checkbox"/> Death in family	<input type="checkbox"/> Destruction or major damage to home		
<input type="checkbox"/> Major car repair	<input type="checkbox"/> New employee lack of funds		
<input type="checkbox"/> Theft of funds	<input type="checkbox"/> Moving due to transfer or promotion		
<input type="checkbox"/> Automobile accident leading to loss of vehicle use	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Accident or sickness	_____		
I request a salary advance of \$_____ and authorize a payroll deduction of an equal amount to be taken from my first paycheck of this pay period.			
I understand that it is University policy to grant no more than ONE emergency payroll advance within a 12-month period of time 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 SOU 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.			
EMPLOYEE SIGNATURE: (Attach a copy of your current month time sheet or leave report approved by your supervisor)			DATE

PAYROLL OFFICE USE:			
DATE OF LAST ADVANCE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	PAYROLL STAFF SIGNATURE	DATE
IF DENIED, STATE REASON			
GROSS EARNINGS	60% OF GROSS	ADVANCE AMOUNT	CHECK #
EMPLOYEE ID	PDAEDN Deduction Code: MAD Effective Date: _____ Amount: _____		DATE ENTERED Entered by Initials:
		Effective Date: _____ Amount: 0.00	