



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: (Must be in compliance with SOU Policy or SEIU Collective Bargaining Agreement)			
<input type="checkbox"/> Death in family	<input type="checkbox"/> Major car repair	<input type="checkbox"/> Accident or sickness	<input type="checkbox"/> Destruction or major damage to home
<input type="checkbox"/> Theft of funds	<input type="checkbox"/> Automobile accident/loss of vehicle use	<input type="checkbox"/> New employee lack of funds	<input type="checkbox"/> Moving due to transfer or promotion
<p>By signing this form, I authorize SOU's Payroll Office to deduct from my paycheck, against which the draw was made. Pay advances for the current month will not be issued after the cutoff for the monthly payroll processing deadline to confirm, the 20th of the month. In the event future paychecks will not occur and the automatic deduction cannot be taken as scheduled, I will reimburse the University within 30 days from this date.</p> <p>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 earned gross wages (at the time of this request) prior to the designated payday. I also understand that SOU reserves the right to decline requests or seek additional supporting information. An emergency situation shall be defined as an unusual and unforeseen event or condition that requires immediate financial attention by an employee. Repeat requests on an annual basis are not considered unusual and unforeseen and will be denied.</p>			
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			
EXCEPTION APPROVAL (DIRECTOR OF BUS SRV/CONTROLLER)		EXCEPTION APPROVAL (DIRECTOR OF HUMAN RESOURCES)	
GROSS EARNINGS	60% OF GROSS	ADVANCE AMOUNT	CHECK #
EMPLOYEE ID	PDAEDN Deduction Code: <u>MAD</u> Effective Date: _____ Amount: _____		DATE ENTERED Entered by Initials:
		Effective Date: _____ Amount: 0.00	