

# WESTERN OREGON UNIVERSITY

## REQUEST FOR PAYROLL ADVANCE/DRAW

**EMPLOYEE:** (Complete this section and forward to your supervisor)

NAME OF EMPLOYEE (Last)

(First)

(Middle)

V#/SSN

AMOUNT OF REQUEST

DATE DRAW NEEDED

TELEPHONE NUMBER/EMAIL ADDRESS

See "Information for Employees" attached.

☐ Unrepresented

☐ Bargaining Unit

**REASON:** (Must be in compliance with Personnel Rules, Administrative Rules or Collective Bargaining Agreement - whichever is applicable.)

☐ Death in family necessitating unforeseen expenditures or travel

☐ Major car repair such as engine, transmission or catastrophic failure. (Not to be confused with minor repairs, maintenance, tires, etc.)

☐ Theft of cash representing major portion of most recent pay.

☐ Automobile accident leading to loss of vehicle use.

☐ Accident or sickness (self or family) requiring immediate substantial cash outlays.

☐ Destruction or major damage to home requiring immediate substantial cash outlays.

☐ New employee lack of funds.

☐ Unreimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home, renting a different residence.

☐ Other (Documentation required):

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

*I verify a valid emergency condition exists and assign claim.*

### ASSIGNMENT OF CLAIM

For the consideration of (\$ \_\_\_\_\_), I hereby assign and transfer to Western Oregon University 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.L. 1981 (ORS 292.033).

\_\_\_\_\_  
Employee Signature and Date

**SUPERVISOR / HUMAN RESOURCES:** (Supervisor completes and forwards to Human Resources)

Eligible hours/days to date this period \_\_\_\_\_ LWOP hours to date this period \_\_\_\_\_

\_\_\_\_\_  
Supervisor/manager signature and Date

☐ Approved ☐ Denied If denied, state reason:

*I verify employee's signed authorization for Assignment of Claim has been obtained.*

\_\_\_\_\_  
Appointing Authority Signature and Date

**PAYROLL OFFICE USE:** (Human Resources forwards to Payroll)

Gross earnings for period

Minus Wage attachment/LWOP

Multiply by % of month worked

Multiply by 60%

Check Amount

Pay period ending

Check Date

Initial/Date

## **INFORMATION FOR EMPLOYEES**

You may make a request for a payroll advance or draw of up to 60% of your accrued monthly salary to date by submitting the Request for Payroll Advance/Draw. After completing the Employee section of the form your supervisor must confirm the number of hours/days worked and note any LWOP hours that apply to the request. The supervisor signs the form and the form is then forwarded to the director in the Office of Human Resources for action.

**Requests for a payroll advance/draw must be received before the close of business on the Wednesday prior for a check to be available for pickup after 2:00pm on Friday. Due to payroll timelines, employees must submit any requests for advances/draws prior to the 17<sup>th</sup> of the month to avoid any complications.**

Any questions regarding the payroll advance/draw policy or process should be directed to Judy Vanderburg, Director of Human Resources, Administration 205, (503) 838-8131.

## **INFORMATION FOR SUPERVISORS**

This form is provided to an employee who is requesting a payroll advance/draw. The employee will need to ask that you verify the number of hours, days or shifts they have worked prior to the request and since the end of their last pay period. Also, the form does request that any leave without pay that has already been taken or is anticipated should be noted. The supervisor's approval is not necessary for a payroll advance/draw.