nih | *Federal Credit Union*

Emergency Payroll Authorization Form
(NIH Employee Use Only)

The Emergency Payroll Authorization Form is for use by employees of the National Institutes of Health (NIH) who are interested in applying for an Emergency Payroll Loan with, the National Institute of Health Federal Credit Union (NIHFCU). The purpose of the Emergency Payroll Loan is for temporary funding due to a payroll interruption. This form must be completed in its entirety and signed by an NIH Office of Human Resources Official. Completion of the NIHFCU Consumer Loan Note, submission of copies of the member's last two (2) most recent paystubs and identification verification are required. All loan applications are subject to NIHFCU credit and membership approval. The Emergency Payroll Loan will equal to the regular net paycheck amount.

From: Office of Human Resources

Workforce Relations Division

Benefits and Payroll Liaison Branch

Building 31/Room B3C23

Subject: Insufficient Salary Payment

To: The National Institutes of Health Federal Credit Union (NIHFCU)

To be completed by a NIH Office of Human Resources Official

Name of Employee: _____ _____ _____
                                               First Name   **Last Name**   **Middle Initial**

Employee's Taxpayer ID or Social Security Number: _____

Name of Employer: _____ _____
                                          Full Name of Institute   **Department**

Employer's Address: _____ _____ _____ ____ _____
                                          Address   **Building #**   **City**   **State   Zip code**

Occupation: _____ Business Phone Number: _____-_____

Amount of Net Salary: $_____ Pay Period Ending Date: _____ /_____ /_____

Name of NIH OHR Official: _____ Title: _____
                                               Print Full Name Here

NIH OHR Official's Phone Number: _____-_____ Email Address: _____

By signing below you are only certifying that the above-mentioned person is currently an employee of The National Institutes of Health (NIH) and that the information provided is true and correct.

Signature of NIH OHR Official: _____ Date: _____

To be completed by the Applicant (Member)

Name: _____ _____ _____
                               First Name   **Last Name**   **Middle Initial**

Home Phone Number: _____-_____ Cell Phone Number: _____-_____

Personal Email Address: _____ NIHFCU Member Number: _____

Note: Completion of a W-8BEN form is required if the applicant does not have a Taxpayer ID or Social Security Number (SSN).