



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 Pick Up Date _____

Note: If the advance request is received and approved by noon, the check will be available for pick up in the Payroll Office between 4pm an 5pm the following day.

Payroll Office Use

Year _____ Pay No _____

Amount _____ PDAEDN Deduction Effective Date _____

Authorization

	Print	Sign	Phone	Date
Prepared By				
Dept Approval				