



Emergency Payroll Advance Request Form and Instructions

- Employees may be issued up to 60% of their current month earned gross wages prior to the close of payroll (20th of the month) in **“emergency cases” (defined as unforeseen events requiring the immediate financial attention of the employee such as accident, death in the family, major car or home repair, theft of funds and new employee lack of funds).**
- Emergency Payroll Advance requests submitted by 5 pm Monday will be available after 4 pm Tuesday; Emergency Payroll Advance requests submitted by 5 pm Wednesday will be available after 4 pm Thursday.
- Emergency Payroll Advances are subject to approval by the university Payroll Manager.
- University policy restricts employees to no more than two Emergency Payroll Advances per calendar year.
- Employee Agreement and Supervisor Verification signatures are required. Failure to provide signatures will result in the disapproval of the requested advance.

PSU ID Number	Last Name	First Name	Middle Name
Current Address <input type="checkbox"/> New?	City	State	Zip Code
Primary Phone Number	Secondary Phone Number	PSU Email Address <input type="checkbox"/> New?	Employee Classification
			Click to Select

Indicate Payroll Advances Taken to Date: <input type="checkbox"/> 1 st Advance for this calendar year <input type="checkbox"/> 2 nd & Final Advance for this calendar year	Select Emergency Payroll Advance Amount: <input type="checkbox"/> Fixed Amount of \$ _____ <input type="checkbox"/> Maximum Amount Allowed (60%)	Payroll Month/Year

Please note: All overtime eligible, hourly paid and student employees must provide a copy of their time sheet with the original signatures of the both the employee and their supervisor and/or department chair.

Employee Agreement and Signature

<ul style="list-style-type: none"> • I declare that this advance is needed due to an unusual, unforeseen event or condition that requires my immediate financial attention. • I authorize PSU Human Resources to deduct this advance amount in full from my next available paycheck or any future pay check should the deduction not be taken as scheduled (chapter 567 O.L. 1981[ORS 292.033]). In the event this deduction is not taken and there is not future pay currently due to me, I will reimburse PSU within 30 days from the date of this form. I understand the amount requested shall not exceed the maximum of 60% of my earnings to date for the payroll month. 	
Employee Signature	Date Signed

Supervisor Verification and Signature

<ul style="list-style-type: none"> • Is this employee assigned fiscal responsibilities such as custody or authority over university assets: cash or equivalents, procurement card, purchasing authorization, payroll, vendor set up, or other such assets? <input type="checkbox"/> Yes <input type="checkbox"/> No • By signing this form, I acknowledge that adequate internal controls and monitoring are in place for employees with fiscal duties. 	
Printed Name of Supervisor	Phone Number
Supervisor Signature	Date Signed

Human Resources Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Checked for Legal Writ or Garnishment	Collection by: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Personal Check		
Disbursement Type (check one) <input type="checkbox"/> Advance <input type="checkbox"/> Zero Net Check <input type="checkbox"/> Refund <input type="checkbox"/> ACH Return <input type="checkbox"/> Final Pay <input type="checkbox"/> Other*				
Approved Amount	Assigned Number	Prepared by	Date	HR Approval Signature
\$				
*Notes:				