



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.
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.
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)

Table with 4 columns: 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 3:00pm on Friday. Due to payroll timelines, employees must submit any requests for advances/draws prior to the 17th 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.