EMERGENCY PAYROLL ADVANCE REQUEST

TO: UCDHS Payroll Representative

EMPLOYEE’S NAME: _______________________________________

EMPLOYEE ID #: _______________________________________

Please prepare an advance on the Payroll Period Ending* _______________ in the amount of $__________________ (maximum 66% of gross pay) for the following reason:

___________________________________________________________________________________________________________________________________________________________________________________________

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I agree that the full amount of this payroll advance is to be withheld from my subsequent payroll check.

________________________________  ______________
Employee Signature             Date

________________________________  ______________
Approved By: Supervisor’s Signature            Date

**IMPORTANT**

Per UC Davis Policy and Procedure Manual, Section 380-57
➢ An employee may receive no more than one payroll advance during a calendar year.

Per UC Davis Health System Hospital Policies and Procedures - 1878 Revised 8/29/06
➢ No payroll advances will be approved for employees with active wage attachments or tax levies.

*Employee must attach their approved timecard for the pay period referenced above signed by his/her Supervisor/Manager to this request*