

LONG BEACH COMMUNITY COLLEGE DISTRICT
Fiscal Services - Payroll Office
EMERGENCY PAY ADVANCE REQUEST

Date:

1. Employee Type	Academic Monthly	Academic Hourly	Federal Work Study
	Classified Monthly	Classified Hourly	Student Worker
	Equal Pay		

2. Employee Name	3. Employee ID	4. Employee Phone
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5. Dates worked to be paid: From: _____ To: _____

6. Have the hours worked been entered on a current hourly TARS timecard?

Yes -->> Please attach a printout of the TARS Timecard

No -->> Please attach a Payroll Adjustment Request Form.

No -->> Please note the EQP Section Numbers that should be paid.

7. Reason for Request

*Emergency Pay Advance amounts are calculated at 70% of gross earnings. This allows for mandatory tax deduction when the recovery process of the advance is done on the upcoming payroll cycle.

*Please allow 5-7 business days from the receipt of request in Payroll for a check to be issued.

*During any campus closure, the employee's emergency pay advance check will be mailed, but only upon a signed written acknowledgment/agreement to repay the advance from their next paycheck(s) (see #14 below).

8. Timekeeper Name	9. Timekeeper Signature	10. Date
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11. Dean/Director Name	12. Dean/Director Signature	13. Date
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14. I acknowledge this request and agree to repay the Emergency Pay Advance from my next paycheck. In the event I am not able to repay by deduction, this letter grants power of attorney as follows: Any Officer of the Long Beach Community College district may endorse my paycheck(s), cash the check(s) and repay the amount due to the District Revolving Fund, then transmit the remaining balance to my mailing address on file.

Employee Name	Employee Signature	Date
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Employee Address

For Payroll Use Only:

Payroll Technician

Date