



OREGON DEPARTMENT OF FISH AND WILDLIFE POLICY
Administrative Services Division
Fiscal Services Section

Title: Salary Advances	AS_235_002
Supersedes: ASD-3 Salary Advances dated 2/15/90	
Applicability: All Agency Employees	
Reference: Authority ORS Chapters 292.033, 292.036, 293.330; OAM Chapters 45.25.00.PO, 45.25.00.PR; SEIU Collective Bargaining Agreement	
Effective Date: July 14, 2008	Approved:

Purpose: Salary advances are provided to employees as a means to provide employees with access to earned compensation in emergency situations. Providing salary advances is administratively costly and will be allowed only in financial emergency situations.

Definitions:

Appointing Authority – The Human Resources Division (HRD), Administrator.

Emergency – An emergency situation shall be defined as an unusual, unforeseen event or condition that requires immediate financial attention by an employee. Emergencies include but are not limited to the following circumstances:

1. Death in family
2. Major car repair
3. Theft of funds
4. Automobile accident (loss of vehicle use)
5. Accident or sickness
6. Destruction or major damage to home
7. New employee lack of funds (maximum -- one(1) draw)

Oregon State Payroll Application (OSPA) Authorized Signor – The ASD managers authorized by the Director through DAS form 75.45.01.FO (Authorized OSPA Signatures) to authorize payroll advances on behalf of the Appointing Authority. Managers authorized include Administration Administrator, Fiscal Services Manager, and the Disbursement Manager.

Policy: This policy sets forth the standards for requesting and issuing salary advances in accordance with legal and administrative provisions governed by the Department of Administrative Services (DAS). If provisions of this policy conflict with provisions of the collective bargaining agreement, the bargaining agreement will prevail.

- A. Release of up to sixty percent (60%) of an employee's earned gross wages (taking into consideration any active involuntary withholding orders) shall be authorized prior to the employee's designated payday subject to approval of the Appointing Authority, in emergency cases upon receipt of a written request from the employee that describes the emergency.

- B. Fiscal Services will provide managers with guidance on what type of supporting information needed from the employee is acceptable.
- C. Fiscal Services will provide guidance on what types of circumstances would be approved as listed in the "Other" option on the form.

Procedures for Salary Advances:

Employee	Complete DAS form 75.45.02.FO Request for Payroll Advance and submit to supervisor along with information to support the reason indicated.
Immediate Supervisor	Review the request to insure that appropriate supporting documentation is provided. Make a reasonable assessment of the request for conformance with emergency situations. If denying the request, return to the employee and provide an explanation. If approving the request, sign the request and fax along with the supporting documentation to Attn: Disbursement Manager, Fiscal Services.
Disbursement Manager (or other OSPA Authorized Signor)	Review the salary advance and communicate with the Immediate Supervisor if an advance is questionable or does not have supporting documentation. Forward any medical information to Human Resources to be placed in the employee's medical file making a notation on the form this has been done and then forward the pay advance request to Payroll to be processed.
Payroll Technician	Verify that amount of advance requested does not exceed net pay employee would otherwise receive at next regular pay day based on gross pay earned to date of request, taking into account any know garnishments. Forward the request to Oregon State Payroll System for processing so a check will be issued from the next available manual check run. Contact the employee to let them know when the check will be produced.
Business Operations Staff	Pick up manual payroll checks from DAS and deliver to Accounting Technician 1.
Accounting Technician 1	If the requesting employee is located in Salem headquarters, call the employee to come and sign for the check. If the requesting employee is located outside of Salem headquarters, mail the check to employee's home address unless informed differently in writing.



OREGON STATEWIDE
PAYROLL SERVICES
(OSPS)

You can complete
all OSPS forms
online and print
them for legibility
and ease of use.

Web site address:
<http://tinyurl.com/3b4lsg>

OAM Form:
75.45.02.FO

Revised:

June 18, 2008



REQUEST FOR PAYROLL ADVANCE

Complete this form to request an advance of wages earned.

The Oregon Accounting Manual (OAM) policy 42.25.00.PO or the applicable collective bargaining agreement governs payroll advances. They are for emergency situations only.

Section 1: Completed by Employee

NAME OF EMPLOYEE *		Employee ID Number (EIN) OR <input type="text"/>
WORK LOCATION (COST CENTER, NAME, #)	PHONE NUMBER	AMOUNT OF REQUEST (Not to exceed 60% of gross wages earned to date this pay period.) *
<input type="checkbox"/> Management or Executive Service <input type="checkbox"/> Unrepresented <input type="checkbox"/> Represented by _____ * Reason: (Must comply with applicable collective bargaining agreement or DAS administrative rules.) <input type="checkbox"/> Death in family necessitating unforeseen expenditures or travel. <input type="checkbox"/> Destruction or major damage to home requiring immediate substantial cash outlays. <input type="checkbox"/> Major car repair such as engine, transmission or catastrophic failure. <input type="checkbox"/> New employee lack of funds (maximum - 1 draw). <input type="checkbox"/> Theft of cash representing major portion of most recent pay. <input type="checkbox"/> Unreimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home or renting a different residence. <input type="checkbox"/> Automobile accident leading to loss of vehicle use. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Accident or sickness (self or family) requiring immediate substantial cash outlays.		
<p><i>Refer to appropriate collective bargaining agreement and statewide/agency policies for documentation requirements.</i></p> <p>For the consideration of (\$ _____), I hereby assign and transfer to _____ such amount (Amount Requesting) (State Agency) of my salary due me for the State of Oregon for the month ending _____, and hereby authorize the (Pay Period End Date) 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 Oregon Revised Statutes Chapter 292.033.</p>		
EMPLOYEE SIGNATURE (I verify a valid emergency condition exists and assign claim) *		Date

Section 2: Completed by Supervisor/Personnel Office

Eligible hrs to date this period	Supervisor/Manager Signature *	Date
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	OSPS AUTHORIZED SIGNATURE (I verify I have obtained employee's signed Authorization for Assignment of Claim) *	Date
If Denied State Reason		

Section 3: Completed by Payroll Office

Gross Earnings	60% of Gross	(-) Wage Attachment	Net Pay Available (60% Less Wage Attachment)	Initial and Date
Employee EIN * OR <input type="text"/>	Agency Number *	Pay Period End *	Check Date Requested *	Check Amount *

*** Note:** OSPS requires completion of information marked with an asterisk (*) to produce a payroll advance check. Other fields are for agency benefit and used at agency discretion.