UC Davis Health System Payroll Services Department 4900 Broadway, Suite 2300 Sacramento, CA 95820 Main Phone (916) 734-9150 FAX (916) 734-9167

Emergency payroll advance request

TO:	UCDHS Payroll Representative	
EMPLOYEE'S NAME:		
EMPLOYEE ID #:		
Please prepare an advanc	e on the Payroll Period Ending*	_ in the amount of
\$(round to the nearest whole dollar)	naximum 66% of gross pay) for the following reaso	n:

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

Employee Signature

Date

Date

Approved By: Supervisor's Signature

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