

**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 deductions 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