

Long Beach Community College District
Fiscal Services – Payroll Office

Emergency Loan Request

1. **Employee Type:** Academic Monthly Academic Hourly Federal Work Study
 Classified Monthly Classified Hourly Student Assistant
 Equal Pay

2. **Date:** _____ **Employee Phone#** _____

3. **PRINT Employee Name:** _____ **Employee ID:** _____

4. **Dates worked that need to be paid: From:** _____ **To:** _____

5. **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

6. **Reason for Request:**

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- **Emergency loan amounts are calculated at 70% of the Gross earnings. This allows for mandatory tax deductions when the recovery process of the loan is done on the upcoming payroll cycle.**
 - **Please allow at least 4 business days from the receipt of the request in the Payroll Office for a check to be issued.**
 - **THE EMPLOYEE MUST PICK UP THEIR CHECK IN PERSON, and sign for it to acknowledge receipt and agree to repay the loan from their next paycheck(s).**

7. TARS Timekeeper (**PRINT**) _____

8. Timekeeper Signature _____ Date _____

9. Dean / Director (**PRINT**) _____

10. Dean/Director Signature _____ Date _____

Payroll Calculation Notes:

Payroll Technician: _____ Date: _____