LONG BEACH COMMUNITY COLLEGE DISTRICT Fiscal Services - Payroll Office

EMERGENCY LOAN REQUEST

1. Employee Type:	Academic Monthly Classified Monthly Equal Pay	Academic Hourly Classified Hourly	Federal Work Study Student Assistant	
2. Date: 3. Name:		Employee ID: Employee Contact Phone #:		
4. Dates worked that	needs to be paid:	From:	То:	
Yes> No>	 Please attach a printout of Please attach a Payroll a Please note the EQP Se 	urrent Hourly TARS timeca of the TARS Timecard. Adjustment Request Form. ction Numbers that should		
				_
the recovery process of *Please allow at least 5 *The employee's emerge of a signed acknowled	f the loan is done on the u -7 business days from the lency loan check can only l gment /agreement to repay	pcoming payroll cycle. receipt of the request in the	s allows for mandatory tax deductions v Payroll Office for a check to be issued 0-19 campus closure, but only upon rec ycheck(s).	
7. TARS Timekeeper (
8. Timekeeper Signatu			Date:	
 Dean / Director (Prin Dean / Director Sig 	· · · · · · · · · · · · · · · · · · ·		Date:	
Payroll Calculation Notes:				