



Office of Business Services · Blumenthal Hall 3<sup>rd</sup> Floor  
249 University Avenue · Newark, NJ 07102

**PAYROLL ADVANCE**

Date: \_\_\_\_\_

To: Business Services

From: \_\_\_\_\_ Department: \_\_\_\_\_ Ext.: \_\_\_\_\_

Department Authorization Signature: \_\_\_\_\_

Subject: Request for Emergency Payroll Advance

**IN ORDER TO PREVENT FINANCIAL HARDSHIP, PLEASE ISSUE AN ADVANCE FOR 60% OF THE GROSS DUE FOR THE FOLLOWING EMPLOYEE:**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Employee Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Range/Step: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_

Number of Workdays Due: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Employment Period: \_\_\_\_\_ To \_\_\_\_\_ Advance Period: \_\_\_\_\_ To \_\_\_\_\_

Date Form(s) Was Submitted: \_\_\_\_\_ Date First Paycheck Expected: \_\_\_\_\_

Reason for Delay: \_\_\_\_\_

Copies of Forms Attached (Indicate):  PAF  TRF  PDR  I-9

Has This Person Received A Previous Advance?  Yes: When? \_\_\_\_\_  No

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**FOR BUSINESS OFFICE USE ONLY**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_