



### Emergency Payment Request Form

Claim No.	Pay Period	Year
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Name of Employee	Social Security No.
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Office/Center
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Mailing Symbol	Telephone	Bldg./Room No.
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Reason for Application (*check one*)

Non delivery in mail       EFT omission

Other (*explain*)

**PROMISSORY REPAYMENT AGREEMENT**

I understand that the amount advanced to me is a temporary loan only. I will make repayment in full upon receipt of my check. If I fail to make repayment within 30 days, I authorize the amount advanced to be withheld from a future salary payment. Failure to repay will also initiate interest and administrative charges required by the Federal Debt Collection Act of 1982, P.L. 97-385. I have also received, read, and understand the NOTICE OF REQUIREMENT TO REPAY EMERGENCY PAYMENT.

Employee's Signature	Date
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Cash Received	Employee's Signature	Date
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Repaid Date	Amount	C.D. No.	Amount
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Timekeeper Name	Timekeeper No.	CAN No.
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Hours		
Regular	Overtime	Other

Timekeeper Signature	Supervisor Signature
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Payroll Liaison

Receipt pay statement 05340

Other calculation

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P.L. Signature

Date

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Authorization Signature

Date

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Signature Director, OFM or Chief, Acctg. Br.

Date

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Schedule No.

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