



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Food and Drug Administration

## Amendment to Health and Human Services' Employee Emergency Payment Request, Promissory Repayment Agreement, and Salary Offset Authorization

I, \_\_\_\_\_ certify that I have not received my salary for the pay period ending  
\_\_\_\_\_ because \_\_\_\_\_.

I request an extension of my emergency payment of \$ \_\_\_\_\_ dated \_\_\_\_\_.

Employee's Signature

Date

Agency/Office

Room No.

Phone No.

### FINANCE OFFICE APPROVAL

I hereby authorize an extension to this emergency payment.

Signature of David R. Petak, Chief, Accounting Branch

Date