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| **VT-MOM-(HORIZ)**  |

 |  **DEPARTMENT OF HUMAN RESOURCES**  **VTHR Operations** |   |   |
|  |  | **EMPLOYEE REQUEST FOR SALARY ADVANCE** |  |   |  |
|   |  |  |  |  |   |  |
|   |   | **To be Completed by Employee Requesting Salary Advance:** |   |   |   |  |
|   |   | **Employee Name:** |  | **Employee ID #:**  |   |   |  |
|   |   | **Department Name:**  |   |   |  |
|   |   | **Reason for Salary Advance:** |   |   |   |   |  |
|   |   | Please explain your reason for requesting this salary advance. Ensure current pay period timesheet reflects accurate approved, reported hours to date. Include additional documentation (i.e. *family members' obituary, plane fare, statement of expense*) that would support your request. This must comply with Personnel Policies and Procedure Section 12.10, Employee Request for Salary Advance. |   |   |  |
|   |   | **Number of Hours/Days Worked Requested to be Advanced:**  | **Pay Period Date** **From:** Click to enter begin date. **To:** Click to enter end date. |  |  |   |  |
|   |   | I hereby request an off cycle check to be paid in advance for the number of approved hours/days worked, entered on my time sheet as noted above. Note that this amount is subject to all applicable taxes and retirement. My signature below indicates approval for the State of Vermont to withhold the full amount of this salary advance from my next regularly scheduled paycheck. I certify that the Office of State Treasurer does not have a legal attachment against my salary for this pay period and that my address in Employee Self Service is current. |   |   |  |
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| [ ]  Contact this phone number  *or* [ ]  Mail Check to address in Self        when check is available for pick up Service  |

 |   |   |  |
|   |   | **Employee Signature:** | **Date:** |   |   |  |
|   |   | **Review by Employee's Supervisor and HR Administrator:** |   |   |   |  |
|   |   |  **Approved** **Denied**  ***(indicate reason)***  | **Supervisor Signature:** | **Date:** |   |   |  |
|   |   |   |   |   |   |  |
|   |   |  **Approved**  **Denied**  ***(indicate reason)*** | **HR Administrator Signature:** | **Date:** |   |   |  |
|   |   |   |   |   |   |  |
|   |   | **HR Administrator – Email or Fax Completed Form and Supporting Attachments to:** |   |   |  |
|   |   | FAX: (802) 828-2435 | E-MAIL: **SOV.Payroll@vermont.gov** |   |   |  |
|   |   | **VTHR OPERATIONS REVIEW** |   |   |   |   |  |
|   |   |  **Approved**  **Denied**  ***(indicate reason)*** | **VTHR Operations Director Signature:** | **Date:** |   |   |  |
|   |   |   |   |   |   |  |
|   |   | **\*\*\* NOTICE \*\*\*** |   |   |  |
|   |   | VTHR Operations cannot issue a payment in the current calendar year and record the payment in another. Any requests for Salary Advance received between the date of the last regular pay check in a calendar year and before January 1 of the next calendar year, shall not be honored. |   |   |  |
|   |  | **Page 1 of 2** |  |  **Revised: October 2017** |  |   |  |

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**VT-MOM-(HORIZ)** |  **DEPARTMENT OF HUMAN RESOURCES**  **VTHR Operations** |   |   |
|  |  | **GUIDE FOR COMPLETING REQUEST FOR SALARY ADVANCE** |  |   |  |
|   |  |  |  |  |   |  |
|   |   |  |   |   |   |  |
|   |   | **Requests for salary advance should only be made for emergency circumstances. Please refer to Personnel Policy 12.10-Employee Request for Salary Advance, for guidelines, responsibilities and definition of emergency.**To request an advance, employee must:* complete a Salary Advance Form <http://humanresources.vermont.gov/payroll/payroll> ,
* list an applicable reason for the request,
* attach any supporting documentation,
* have hours worked entered on time report,
* sign/date form acknowledging that hours/days advanced will be taxed and retirement withheld accordingly
* submit to Supervisor / HR Administrator for review

Supervisor / HR Administrator, once approved, would forward the request to VTHR Operations via fax or email for final review and processing. Supervisor and/or delegated authority should review and approve reported hours on employee’s timesheet for the requested number of days/hours to be advanced. Should the request not meet the policy guidelines and be denied, the Supervisor, HR Administrator, or VTHR Operations Director would indicate the reason for denying the request and return the unprocessed forms to the employee.If approved, VTHR Operations would process the time requested, less taxes and retirement, creating a physical check for the employee. Office of State Treasurer would either call the contact number listed on the form or mail the check to the employee as requested, when ready.***Keep in mind……**** hours paid in advance are considered paid and only remaining hours entered on time sheet for that period would be paid on the following pay date.
* Any requests received between the date of the last regular pay check in a calendar year and before January 1 of the next calendar year, shall be denied. In accordance with IRS tax/reporting regulations, VTHR Operations cannot issue a payment in one calendar year and record the payment in another**.**
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|   |   | ***Questions or for more information……*** **Call VTHR Help Desk:** (802) 828-6700 x3 | **E-MAIL:** VTHR.Helpdesk@vermont.gov |   |   |  |
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|   |  | **Page 2 of 2** |  |  **Revised: October 2017** |  |   |  |