

SECTION 1 – TO BE COMPLETED BY EMPLOYEE

LAST NAME		FIRST NAME		M.I.	ABMS NUMBER	CLASSIFICATION	
OFFICE/CLIENT AGENCY NAME			AMOUNT REQUESTED		HAVE YOU EXHAUSTED ALL OTHER MEANS OF FINANCIAL ASSISTANCE? Yes No		
SPECIFY REASON FOR ADVANCE							
By signing below, I understand my participation in the Direct Deposit program, if applicable, is cancelled. The DGS Office of Human Resources will collect the entire amount of my Hardship Salary Advance from my pay warrant for the same pay period. In the event the warrant is released to me without clearing this advance, the amount will be repaid from my next applicable salary warrant(s).							
EMPLOYEE SIGNATURE							DATE

SECTION 2 – TO BE COMPLETED BY ATTENDANCE CLERK

Document number of hours the above employee has worked during the current pay period:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>
<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>
<u>31</u>	TOTAL HOURS TO DATE		ATTENDANCE CLERK NAME				WORK PHONE NUMBER		DATE					

SECTION 3 – TO BE COMPLETED BY IMMEDIATE SUPERVISOR

<u>MEETS HARDSHIP CRITERIA?</u> Yes No	APPROVED TIME (must be sufficient to cover the amount requested) Yes No	
REQUEST APPROVED? Yes No	SUBSTANTIATING DOCUMENT PROVIDED? (i.e. invoice, denial letter, estimate, etc.) Attached Not attached; specify reason:	
SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	WORK PHONE NUMBER DATE

SECTION 4 – TO BE COMPLETED BY OFFICE MANAGEMENT

REQUEST APPROVED? Yes No	MANAGER'S SIGNATURE	WORK PHONE NUMBER	DATE
REQUEST APPROVED? Yes No	OFFICE CHIEF/EXECUTIVE'S SIGNATURE	WORK PHONE NUMBER	DATE
COMMENTS			

SECTION 5 – TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

REQUEST APPROVED? Yes No	PERSONNEL OFFICER'S SIGNATURE		DATE
DATES OF HARDSHIP ADVANCES <u>APPROVED</u> WITHIN PRIOR 12 MONTHS			
BASE PAY	HARDSHIP CALCULATED ON DAYS HOURS	GROSS AMOUNT	NET AMOUNT
PERSONNEL SPECIALIST SIGNATURE	DATE	PERSONNEL SUPERVISOR SIGNATURE	DATE

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

AUTHORITY

The payment and recovery of salary advances is governed by Government Code Section 17050 and State Administrative Manual Section 8595. These sections allow the appointing power to make salary advance payments by computing the amount due for the advance period and then recover the amount of the salary advance from the salary warrant.

PURPOSE

The information you furnish will allow the above-named agencies to provide a salary advance and recover the advance amount from the salary warrant.

DEPARTMENT PRIVACY POLICY

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy ([see State Administrative Manual 5310-5310.7](#)). For more information on how we care for your personal information, please read the [DGS Privacy Policy](#).

ACCESS TO YOUR INFORMATION

DGS Office of Human Resources is responsible for maintaining collected records and retaining them for 5 years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

DGS Office of Human Resources
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(916) 376-5400