



STATE OF MARYLAND
PAYROLL ADVANCE REQUEST

TO BE COMPLETED BY EMPLOYEE
(Please provide copy of Maryland Driver's License)

Employee Name:

Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Address (include APT # if applicable): _____

City _____ State _____ ZIP Code _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

I am requesting an emergency payment of my wages/salary payable for work performed during the pay period and pay date listed below.

Reason: _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY AGENCY ACCOUNTING OFFICE
(Please obtain copy of Maryland Driver's License)

Employee Agency Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employee Number (W Number):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount of Advance (60% of gross wages not paid): \$ _____

Pay Period Begin Date: _____ Pay Period End Date: _____

Pay Date: _____

Reason: _____

Approver Signature: _____ Date: _____

Approved by (print name): _____

Approver Title: _____