

**Request for an Advance in Pay and
Repayment Agreement**

**U.S. Department of Housing
and Urban Development
Office of Human Resources**

Part I - General Information and Request for Advance in Pay

Note: An advance in pay may be made no earlier than the date of the employee's appointment with the Department and no later than 60 days after the date of the appointment.

1. Name	2. Date of Birth	3. Employee ID	4. Organization (name and code)			5. Duty Station	6. Date of Appointment (MM/DD/YY)
7. Position Title	8. Pay Plan	9. Series	10. Grade	11. Step	12. Base Annual Salary	13. Annual Salary (including locality payment, Administratively uncontrollable overtime (AUO) and/or night differential for prevailing rate employees under 5 USC 5343(f))	

14. Amount of Advance in Pay being requested:

Note: Any advance in pay will be reduced by applicable allotment(s) and deductions that would normally be withheld from your first regular paycheck. The maximum amount that may be advanced shall be the equivalent of two pay periods of basic pay in effect as of the date of the new appointment. Please check below the number of pay periods that you wish to be advanced pay:

- a. I am requesting an advance in pay equal to 1 pay period of pay in the gross amount of \$ _____
(rate of basic pay x hours)
- b. I am requesting an advance in pay equal to 2 pay periods of pay in the gross amount of \$ _____
(rate of basic pay x hours)

15. Please explain your significant financial hardship and the reason for requesting an advance in pay below:

Copy 1 - Employee Service Center
 Copy 2 - Program Office
 Copy 3 - Servicing Human Resources Office
 Copy 4 - Employee
 Copy 5 - Local Union (employee's option - see note on page 2)

Part II - Terms and Conditions of Repayment:

1. I am aware that the above advance in pay in the gross amount of \$ _____ will be recovered in installments from my biweekly salary payment by payroll deductions over a period generally not to exceed 14 pay periods. However, in order to avoid exceeding the 15 percent of disposable pay limitation under 5 CFR 550.1104(i), recovery may be accomplished by salary offset procedures.
2. The repayment shall begin the second pay period after the issuance of the advance.
3. I understand that the above advance in pay of \$ _____ will be deducted over a period of _____ pay periods at a rate of \$ _____ per pay period.
4. I am aware that in accordance with the order of precedence for payroll deductions prescribed by applicable laws and regulations, an advance of pay is considered to be an indebtedness due the United States Government and, as such, this deduction precedes other voluntary deductions, including allotments and assignments of pay.
5. I understand that if I transfer to another Federal agency or if my employment with the Department is terminated for any reason, any outstanding balance not yet paid shall become due and payable in full as a debt due the United States Government and must be recovered by salary offset.
6. I understand that **only** if I am involuntarily separated before I repay my advance(s) in pay in full, I may request a waiver of the collection of the balance due. Financial hardship may not be used as a basis for requesting a waiver. My written request for waiver shall be submitted to the Deputy Assistant Secretary for Resource Management.
7. I understand that upon written request, I may repay all or part of the balance of this advance in pay at any time before the monies become due by mailing my prepayment to:

Director, Employee Service Center
77 West Jackson Boulevard, Room 2201
Chicago, IL 60604

I certify that I have read and I accept the above terms and conditions relating to my request for the issuance and repayment of this request for an advance in pay.

Signature

Date

Privacy Act Statement

This information is being collected under 5 USC 5524a and 5 CFR 550, Subpart B. The primary use of this information will be for the Department and the National Finance Center to act upon your request for an advance in pay. Additional disclosures of this information may be made to: the Office of Personnel Management or the General Accounting Office when the information is required for monitor our use of this advances in pay authority. Otherwise, this information will not be disclosed or released, except as required and permitted by law without your consent.

The furnishing of this information is voluntary; however, failure to do so will result in your request not being processed.

NOTE: If you wish, you may provide a copy of this request to your local union.

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Part III Recommendation and Disposition of the Approving Official

Selecting Official's Recommended Action **(Written justification must be attached or stated below:)** [] Approve [] Disapprove

Justification

Office	Title	Name (Type or Print Clearly)	Date
		Signature	

Approving Official's Action **(If the request is disapproved, written justification must be attached or stated below:)** [] Approve [] Disapprove

Justification

Office	Title	Name (Type or Print Clearly)	Date
		Signature	

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