

State of New York
APPLICATION AND ACCOUNT FOR PARTIAL PAYMENT OF SALARY

Account No _____

Name (print).....

Department or Agency.....Organizational Unit.....

I request a partial payment of salary for the period.....to.....which represents.....working days.

Annual Salary \$..... Normal Bi-weekly Net \$.....

Bi-weekly Net for this payroll period \$..... x 90% \$.....

Amount of Payment \$.....

Remarks.....

AGREEMENT AND PAYEE CERTIFICATION

In consideration of the amount received by me from the State of New York as a partial payment for salary earned by me in the performance of my duties I hereby agree:

1. To repay promptly and completely for the money paid to me, no later than 14 days from the date of the payment.
2. In the event of my resignation or separation from the service of the State or failure to account, the State of New York shall be immediately entitled to the return of the sum paid to me or any part thereof.
3. The State may deduct said amount from any monies due or accruing to me from the State at the time of my resignation, separation, or failure to repay. If there are not sufficient monies due or accruing to me from the State at any time of my resignation or separation, or if I fail to promptly repay, the State may enter judgment against me without further notice to me for the sum still owing by me to the State of New York, as certified to the Office of the State Comptroller by the issuing officer of my agency.
4. This partial payment is made without prejudice to the rights of the Department of Civil Service in their certification of the payroll pursuant to section 100 of the Civil Service Law.

I have read and consent to the terms and conditions set forth above.

.....
Date

.....
Signature of Applicant

AGENCY APPROVAL

I certify that the above named employee is a new permanent employee or an employee returning to work from leave without pay or returning to work from leave with half pay and is entitled to receive a salary advance in accordance with provisions of Section 4.0310 of the Office of the State Comptroller's Controls and Special Procedures Manual.

.....
Date

.....
Signature of Payroll Officer

I have examined the above application and certify that the advance is within the provisions of Section 4.0310 of the State Comptroller's Controls and Special Procedures Manual

.....
Date

.....
Signature of Fiscal Officer

| RECORD OF PAYMENT AND REIMBURSEMENT | | | | | | |
|-------------------------------------|-------------|----|--|-----------------------------|-----------------------------|----|
| Agency Action | | | Signature of Applicant Receipt Acknowledged | Amt. Rec'd from Employee | Date Rec'd from Employee | By |
| Date | Amount Paid | By | | | | |
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