



Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

Return completed form to:
DGO/Finance - Attention: Payroll
P.O. Box 141031
Salt Lake City, Utah 84114-1031
Email: payroll@utah.gov

For questions, call: **(801) 957-7770**

Request for Pay Advance Payroll Deduction

I, _____, authorize my employer, the State of Utah, to
(Employee Number) (Print Employee Name)

withhold \$ _____ from each of my bi-weekly payroll checks, beginning with payday _____.

This amount is to be credited against the Pay Advance that I received on May 10, 1985 or July 25, 1997. I acknowledge and agree (as stipulated on my original signed agreement) that should I go on Leave Without Pay for more than 30 days, retire from State service, or if my employment is terminated for any reason, that the balance owing on my Pay Advance at that time is due and payable, and should be deducted from my next paycheck. Any balance not deducted from my paychecks will be paid by me.

Employee Signature

Date