



Employee Payroll Hardship Advance Request & Payroll Deduction Authorization Form

Date: _____

Employee Name: _____

Supervisor Name: _____

Date of Hire: _____

Last Date of Previous Hardship Payroll Advance (if applicable): _____

Was Previous Payroll Advance Paid-Off, if so, confirm last payment date: _____

I request an employee hardship payroll advance equivalent to the value of the Paid Time Off hours I have earned up until this point. The number of PTO hours I have earned and not used are: _____ hours. My current hourly rate of pay is, \$_____. Therefore, the amount I am requesting for a payroll advance is, \$_____ (amount not to exceed \$1,500), which will use _____ PTO hours from my current balance.

To payback this hardship payroll advance request, I authorize a payroll deduction, equal to 10% of the original amount of the payroll advance I owe per pay period which will equate to: \$_____ per pay period to be taken out of my bi-weekly paycheck until the advance is paid in full.

I understand that if my paycheck, minus mandatory deductions is not enough to repay the advance on any pay period, the maximum amount possible will be deducted for repayment and will continue to be deducted from subsequent paychecks until the advance is repaid. *In addition, each employee will only be eligible for one Payroll Advance Request per calendar year, unless otherwise approved by management. If an employee receives more than one Payroll Advance within the calendar year, they will agree to participate in two Financial Coaching sessions, that will be provided by EverGRO.*

If my employment with EverGRO Cooperative terminates, for any reason whether voluntarily or involuntarily, prior to the repayment of the entire advance, I agree to have the remaining balance of the advance become due and payable to EverGRO Cooperative. This amount will be deducted from my last paycheck. The repayment for any balance can be paid back on the last paycheck in one of two ways;

1. If you have earned/unused PTO, which EverGRO permits to be paid out, up to a maximum of 120 hours. The remaining hours of PTO that is still owed back will be deducted from the current balance, beginning at the maximum payout of 120 hours.
2. If the earned/used PTO balance is not sufficient to pay the remaining balance, the remaining balance will be deducted from the last paycheck; pending all other mandatory deductions are able to be covered.

Any amount of the advance not paid by my last paycheck will still be owed to EverGRO Cooperative and will be due and payable immediately.

I also recognize that by using my PTO earned/unused balance as collateral towards to payroll advance, that I will not be eligible to use or request PTO until the PTO is paid back in full or is accrued back to a positive balance through the normal process of PTO accrual rates you are eligible for.

I understand and have read the full policy regarding Advance Hardship Payroll Advances. I agree to the terms in the policy by signing and dating the policy below.

Reason for Emergency Payroll Advance Request must check and explain:

Vehicle Repairs **Medical Emergency** *(please do not provide additional details related to any personal medical condition)*

Household Emergency **Financial Emergency**

Employee Signature: _____ Date: _____

General Manager Signature: _____ Date: _____

Date of Authorized Payroll Advance: _____

HR/Payroll Use Only:

| Check Date Advance Was Paid Out: | Date Received in HR/Payroll: | Date Deduction Was Entered Into Employee Pay Setup: |
|--|--|--|
| <i>Payroll periods of payback deductions:</i> | <i>Payroll periods of payback deductions:</i> | <i>Payroll periods of payback deductions:</i> |
| Payroll Date: _____ | Payroll Date: _____ | Payroll Date: _____ |
| Payroll Deduction Amt: _____ | Payroll Deduction Amt: _____ | Payroll Deduction Amt: _____ |

EverGRO



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| <p><i>Payroll periods of payback deductions:</i></p> <p>Payroll Date: _____</p> <p>Payroll Deduction Amt: _____</p> | <p><i>Payroll periods of payback deductions:</i></p> <p>Payroll Date: _____</p> <p>Payroll Deduction Amt: _____</p> | <p><i>Payroll periods of payback deductions:</i></p> <p>Payroll Date: _____</p> <p>Payroll Deduction Amt: _____</p> |
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