



LOS ANGELES COMMUNITY COLLEGE DISTRICT

APPLICATION FOR EMERGENCY PAY

Applicant Name _____ Position _____ Employee # (personnel #) _____

Location (Circle one) City East Harbor Mission Pierce Southwest Trade Valley West District Office

Department _____ Assignment for which this pay applies _____

Pay period (monthly/semi-monthly) _____

Amount to be paid (net) _____

I represent as follows:

- 1. I have performed work as stated above for the Los Angeles Community College District. I was authorized to perform this work by: _____ (name) whose position is _____ (title)
2. I am eligible for employment with the District in the capacity I have been allowed to work.
3. I have submitted all paperwork required from me in order to have my employment processed, and this material was submitted in a timely manner in order for me to be paid at a payday that has already passed.
4. I have not received pay for the work performed.
5. I understand that this emergency payment will be deducted from my next regular pay warrant, as well as the applicable taxes and withholdings for both the emergency pay and the regular pay.
6. My best understanding for the reason that the payroll check was not issued is as follows:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

In the event that later review and/or audit establishes that the I was not eligible for emergency pay as stated above and as provided by District rules and regulations, I understand and agree that I will be held accountable. This accountability may take the form of employee discipline, up to and including dismissal, and will result in overpaid amounts being withheld from my personal paycheck(s), or other legal actions as may be deemed appropriate for the District.

DATE APPLICANT SIGNATURE AREA CODE AND HOME TELEPHONE NUMBER

HOME ADDRESS (P.O. BOX NOT ACCEPTABLE) CITY, STATE AND ZIP CODE

PLEASE INDICATE PREFERRED DELIVERY: (check one)

___ Pick up at District Office (5th Floor) ___ Mail to warrant address

I have spoken with all appropriate people and reviewed any and all documents I feel are reasonably necessary to confirm that an emergency pay warrant is appropriate for this applicant and these circumstances.

COLLEGE PRESIDENT OR VICE PRESIDENT DATE

APPROVED FOR PAYMENT

DATE CHANCELLOR, DEPUTY CHANCELLOR OR CFO/TREASURER

For Accounting Office Use Only

Date received _____ Date check was issued _____ Date check was picked up _____

Date and means by which applicant was notified of check availability _____

Eligibility audited and confirmed by (person and date)

POLICY AUTHORIZING ISSUANCE OF EMERGENCY PAYROLL CHECKS

1. Employees who have not received their pay timely may apply for issuance of an emergency payroll check by thoroughly completing the form, "APPLICATION FOR EMERGENCY PAY."
 - a. This form will be available in a downloadable format on the District's official web site.
 - b. Copies of this form will be available in the Personnel Office at each college.
2. The completed Application Form will be turned in to the SPOC (Single Point of Contact for payroll issues) at each college. The College President or designee will promptly review it, speak with all appropriate people, and review any and all documents reasonably necessary to confirm the following:
 - a. The Applicant has been allowed to work for the Los Angeles Community College District.
 - b. The Applicant is eligible for employment with the District in the capacity in which he or she has been allowed to work.
 - c. The Applicant has submitted all paperwork required from him or her in order to have his or her employment processed, and this material was submitted in a timely manner in order for him or her to be paid at a payday that has already passed.
 - d. The Applicant has not received pay for the work performed.
 - e. The amount to be paid shall not exceed net pay. (Gross pay less applicable tax withholdings and voluntary deductions).
3. The College President or designee will be responsible for signing the form and submitting the completed form to the Controller's Office within one business day of receipt of the application for emergency pay.
4. The Controller or designee will promptly review the form and determine whether issuance of an emergency paycheck is warranted. No emergency paycheck will be issued if a check is scheduled to be issued through regular processes within the following three business days, or because an employee is merely seeking an advance. If the Controller or designee determines that it is warranted, the completed forms will be promptly delivered to the Payroll Department, and a check will be prepared within one business day. Once the check has been prepared, the Payroll Department will have responsibility of notifying the employee that the check is available for pick-up or delivery. Each college will have a pick-up of emergency payroll checks for distribution daily.
5. If the Controller or designee determines that an emergency paycheck is not warranted, he or she will promptly notify the College President, who will promptly notify the applicant.
6. The emergency payroll check will be audited within sixty (60) days. If it is determined that an emergency check was issued inappropriately, the Controller will promptly send a memorandum to the Chancellor, who will refer the matter for action as he deems appropriate.

Date and means by which applicant was notified of check availability _____
Eligibility audited and confirmed by (person and date)