

BUREAU OF COMMONWEALTH PAYROLL OPERATIONS

REQUEST FOR SALARY / WAGE ADVANCEMENT

SEE [MANAGEMENT DIRECTIVE 525.6](#)

BCPO-500 (Rev 02/2021)

*** TO BE COMPLETED BY REQUESTOR ***

Employee Name (First, MI, Last)

Personnel No.

Mail Address (Street or PO Box)

Personnel Area

City

State

Zip

Payroll Area

Reason for Salary / Wage Advancement

Record of Hours Worked

Pay Date

Pay Period Ending

Hours Worked

Select Reason

Comments

Delivery Information

Delivery Method

Contact Name

UPS Charge Acct No.

Billing Zip Code

Contact Phone Number

NOTE: UPS Acct No. must be 6 characters with no dashes. Enter the Billing Zip Code where the UPS Account originated.

Mailing Address (If different than above)

Name

Street or PO Box

City

State

Zip

Requestor Information

Requestor Name

Date Completed

*****Please ensure all information is completed to avoid any delays in processing your request.*****

*** TO BE COMPLETED BY BCPO PAY PROCESSING ***

Amount

Repayment Method

Replacement Check Pay Date

BCPO Analyst

Supervisor

Date Authorized

Remarks

*** TO BE COMPLETED BY BCPO ADVANCEMENTS AND DEDUCTION ACCOUNTING ***

Vendor No.

SAP Doc (FB60) No.

Posting Date

Purpose

SAP Doc (F-58) No.

Check No.

Reconciliation: Check No.

Amount

Date Closed

Deposit Date