

FDA STAFF MANUAL GUIDES, VOLUME III - GENERAL ADMINISTRATION

FINANCIAL MANAGEMENT

BUDGET

EMERGENCY SALARY ADVANCES

Effective Date: 08/03/2009

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1. PURPOSE

This Guide provides policy and procedures concerning emergency salary advances when earned salary payments have been delayed.

2. POLICY

An Emergency salary advance may be issued for one of the following reasons:

1. Non-receipt of Electronic Fund Transfer, also referred to as direct deposit (the payslip was generated but the paycheck was not received at the bank). An employee who receives his/her paycheck via an Electronic Fund Transfer (also referred to as direct deposit) may request an emergency salary payment on the Tuesday after payday, if the employee's bank did not receive a direct deposit by close of business on Monday;
2. Non-receipt in the mail (the payslip was generated but the paycheck was not received at the residence). An employee who receives his/her paycheck via mail delivery may request an emergency salary advance on the Tuesday after payday, if the employee has not received their paycheck at their residence by close of business on Monday.

3. REFERENCES

- A. DHHS Accounting Manual, chapter 10-30.
- B. Memorandum dated April 5, 1990 from the Deputy Assistant Secretary for Finance.

4. ENTITLEMENT

- A. Employees who fall under any of the categories listed below are not entitled to receive emergency salary advances.
 1. Consultants (daily or hourly)
 2. Intermittents
 3. Stay-in-School (seasonal)
 4. Employees that have had their salaries offset by Treasury due to an outstanding debt.
- B. DHHS policy states that an employee may not receive an emergency salary advance for overtime, or other pay differentials such as a Physician's Comparability Allowance (PCA), if for some reason they are not received for the pay period.

5. REQUESTS FOR EMERGENCY SALARY ADVANCES

Employees who have satisfied the above criteria and have not received a paycheck may use the following procedures if they find it necessary to request an emergency salary advance.

1. Electronic Fund Transfer.
 - a. The employee, supervisor, and timekeeper must complete and sign an Emergency Payment Request (EPR) form (Attachment A) along with a Health and Human Services' Employee Emergency Payment Request, Promissory Repayment Agreement, and Salary Offset Authorization form (Attachment B). The employee should carefully read the agreement to ensure full repayment, outlined in paragraph 4, before signing the form.
 - b. The employee must submit a copy of the most current Payslip (Form DFAS LES) with SF 50, and attached it to the original EPR. The employee and timekeeper should retain a copy of all forms.
2. Mail Delivery.
 - a. The employee, supervisor, and timekeeper must complete and sign the EPR form (Attachment A) along with a Health and Human Service's Employee Emergency Payment Request, Promissory Repayment Agreement, and Salary Offset Authorization form (Attachment B). The employee should carefully read the agreement to ensure full repayment, outlined in paragraph 4, before signing the form.
 - b. The employee must also complete and sign the Letter of Non-Receipt (Attachment D). This letter, as well as a copy of the most current Payslip (Form DFAS LES) and SF 50. It must be attached to the original EPR. The employee and timekeeper should retain a copy of all forms.
3. Non-issuance of check
 - a. The employee, supervisor, and timekeeper must complete and sign the EPR form (Attachment A) along with the Health and Human Service's Employee Emergency Payment Request, Promissory Repayment Agreement, and Salary Offset Authorization form (Attachment B). The employee should carefully read the agreement to ensure full repayment, outlined in paragraph 4, before signing the form.

- b. A copy of the most current Payslip (Form DFAS LES) and SF 50 must be attached to the original EPR. For non-issuance of a paycheck, attach a Payslip from the prior pay period. The employee should retain a copy of all forms.
- c. In addition to the procedures outlined in paragraphs 4.a., 4.b. and 4.c., the following procedures apply:

The Timekeeper, Timekeeper Contact or Administrative Officer must submit or fax all the required documents to the FDA's Office of Financial Services Director (12345 Parklawn Building, Room 205, HFA-700) for review and approval by the Payroll Liaison Lead and the Director, Office of Financial Services, or Director, Division of Payments,

- d. The Payroll Liaison Staff will assign a claim number to the EPR and notify and fax the approved EPR back to the Timekeeper/Timekeeper Contact/Administrative Officer once it has been approved and a claim number secured.
- e. The Timekeeper/Timekeeper Contact will give the approved EPR to the employee for signature.
- f. The employee may then present the approved EPR to OFS for processing.

6. COLLECTION OF EMERGENCY SALARY ADVANCES

Accounting personnel will use the following procedures to collect delinquent emergency employee payments:

- 1. If full repayment has not been received within thirty (30) days from the date that the emergency salary advance was issued:
 - a. Office of Financial Services will send Form 3620 (OFS-OFM Receivable Request) to the Office Of Financial Management's Accounts Receivable staff for billing . OFM will then establish the receivable in UFMS then mail out an invoice along with any supporting documentation to the employee. The employee will have thirty (30) days from the time the receivable is established in UFMS to make a payment. If payment is not received within that time period OFM will then enforce their Debt Collection Act to seek collection of the outstanding debt that is owed to FDA.
- 2. If payment is not received after the Employee Emergency Salary Advance Dunning Letter and Notification of Pending Offset is sent:

- a. Account Receivable staff will complete and forward to the Program Support Center (PSC) a Memorandum Requesting Salary Offset (Attachment G). All supporting documentation outlining the efforts made to obtain repayment of the emergency employee payment must be attached to this memorandum. [NOTE: If the employee believes that the original paycheck has not been received, he/she must contact the Payroll Liaison.]

7. RESPONSIBILITY

Employee will:

1. Notify their timekeeper of no salary received,
2. complete, sign and submit the EPR along with all necessary paperwork,
3. retain a copy of all forms,
4. endorse all repayment checks to FDA, and,
5. pay back any and all late payment charges associated with a delinquent emergency salary advance repayment.

Timekeeper/Timekeeper Contact/Administrative Officer will:

1. review the EPR and all necessary paperwork for completeness,
2. sign and submit all required documents to the Payroll Liaison Team,
3. receive notification of an approved EPR, and,

Payroll Liaison will:

1. review the EPR for completeness,
2. assure that a valid reason exists for an emergency salary advance and that the employee is not delinquent in paying back prior emergency salary advances,
3. determine the amount of the emergency salary advance required by reviewing the EPR and/or consulting with PSCI,
4. secure payment approval signature of the Payroll Liaison supervisor and the Director, OFS, or Director, Division of Payments,

5. assign a claim number to each claim and record it on the space provided on the EPR,
6. retain a photocopy of the completed EPR and a log of these issuances,
7. assure that payments are issued, and
8. assure that all EPRs are repaid.

8. REPORTING REQUIREMENTS

- A. Salary advances and object class 617G will be used with emergency salary advance.
- B. All. Prepare a monthly report on the status of all salary advances and send to the OFM Accounting Reports and Analysis Section contact.

9. EFFECTIVE DATE

This policy was signed by William Collinson, Acting Director – Office of Financial Management, effective August 3, 2009.

10. Document History -- SMG 2310.3, Emergency Salary Advances

STATUS (I, R, C)	DATE APPROVED	LOCATION OF CHANGE HISTORY	CONTACT	APPROVING OFFICIAL
Initial	08/03/2009	N/a	OC/OO/OM/OFM	William Collinson, Acting Director

Staff Manual Guide 2310.3 Attachment A

Emergency Payment Request

Claim No. _____

Pay Period _____ Year _____

Name of Employee: _____

Social Security No.: _____

Office/Center: _____

Mailing Symbol: _____ Telephone: _____

Bldg./Room No.: _____

Reason for Application - check one:

- Non delivery in mail _____
- EFT omission _____
- Other (explain) _____

Timekeeper Name: _____

Timekeeper No.: _____

CAN No. _____

Employee

- Regular: _____
- Overtime: _____
- Other: _____

Timekeeper Signature: _____

PROMISSORY REPAYMENT AGREEMENT

I understand that the amount advanced to me is a temporary loan only. I will make repayment in full upon receipt of my check. If I fail to make repayment within 30 days, I authorize the amount advanced to be withheld from a future salary payment. Failure to repay will also initiate interest and administrative charges required by the Federal Debt Collection Act of 1982, P.L. 97-385. I have also received, read, and understand the NOTICE OF REQUIREMENT TO REPAY EMERGENCY PAYMENT.

Supervisor Signature: _____

Payroll Liaison

- Receipt pay statement 05340 \$ _____
- Other calculation: _____

Employee's Signature/Date _____

P.L. Signature/Date _____

Cash Received: \$ _____ _____ Employee's Signature/Date	Authorization Signature: _____ Director, OFM or Chief, Acctg. Br./Date
Repaid Date: _____ Amount \$ _____ C.D. No. _____ Amount \$ _____	Schedule No. _____

Transmittal Number: 93-35

Date: 04/16/1993

**HEALTH AND HUMAN SERVICES' EMPLOYEE EMERGENCY PAYMENT
REQUEST, PROMISSORY REPAYMENT AGREEMENT, AND SALARY
OFFSET AUTHORIZATION**

1. I, _____ certify that I have not received my salary for the pay period ending _____ because _____. I request an emergency payment of \$_____.
2. I understand that I am personally liable for repaying the Government. I agree to make full repayment within thirty (30) days of the date that the Employee Emergency Payment is issued. Repayment can be made by cash; check; or money order made payable to the "Food and Drug Administration" and delivered to: Payroll Liaison (Room 11-90, Parklawn Bldg.) for Headquarters employees or the field fiscal section for field employees.
3. I understand my failure to repay this emergency payment timely and in full subjects me to late payment interest charges, a administrative costs, and penalties (in addition to the actual emergency payment amount); and other collection actions as authorized by the Debt Collection Act of 1982 implemented by 45 CFR Part 30, and 5 CFR Part 550. Payment is considered timely only if full repayment is received by the Food and Drug Administration within thirty (30) days of the date that the Employee Emergency Payment is issued. I also understand that:
 - a. Interest is assessed at the Private Consumer Rate which is in effect on the date the Emergency Employee Payment is issued. Interest is assessed on thirty (30) day periods. A partial period is considered a full period;
 - b. Administrative costs of \$_____ are charged for each full or partial thirty (30) day period that repayment is late;
 - c. An additional late charge penalty of six percent (6%) is charged on repayments which are more than ninety (90) days late;
 - d. Delinquent accounts can be reported to consumer credit bureaus which will affect my credit rating; private collection agencies whose fee is an additional administrative cost charge; the Department of Justice for suit in Federal court; and
 - e. Delinquent accounts are subject to recovery by withholding the amounts owed from my salary, retirement fund, and/or any other funds due me.

Staff Manual Guide 2310.3, Attachment B

4. I have read and understand the above and request an Employee Emergency Payment. I further understand that I must make full repayment within thirty (30) days and I hereby authorize the Food and Drug Administration to initiate payroll offset with the payroll office or offset any other funds due me for all or any part of the Employee Emergency Payment contained in the Promissory Repayment Agreement that has not been repaid within thirty (30) days of the date issued, to include all applicable interest, administrative costs, and penalty charges as described above without further notice to me.

Employee Signature _____

Date _____

Agency/Office _____

Room No. _____

Phone No. _____

Current Address:

Prior Address:

(Fill Out Only if Address Has Recently Changed)

Emergency Payment Issue Date: _____

(PAGE TWO IS TO BE COMPLETED ALSO)

NON-RECEIPT OF DIRECT DEPOSIT

In the event of a non-receipt of direct deposit, the following information must be received by the employee:

1. Employee's Name: _____

Signature: _____

2. Employee's Address: _____

3. Social Security No.: _____

4. Bank Name: _____

& Address: _____

5. Bank Contact Person: _____

Signature: _____

Phone No.: _____

6. Account Number: _____

7. Routing Number: _____

Staff Manual Guide 2310.3, Attachment C

8. Type of Account: _____

9. Amount of Check: _____

10. Pay Date: _____

Staff Manual Guide 2310.3, Attachment D

DEPARTMENT OF HEALTH OF HUMAN SERVICES

DATE:

FROM:

SUBJECT: LETTER OF NON-RECEIPT

TO: PAYROLL LIAISON (HFA-124)

I, _____, as of _____ have not
received to my home address _____

the paycheck for pay period ending _____.

I request that my check be reissued.

Signature

Social Security Number

Staff Manual Guide 2310.3 Attachment E

**(SAMPLE EMPLOYEE EMERGENCY PAYMENT DUNNING LETTER
AND NOTIFICATION OF PENDING OFFSET)**

John Doe
9876 Main Street
Anywhere, USA 12345

CERTIFIED MAIL - RETURN RECEIPT

Dear Mr. Doe:

A check for an Employee Emergency Payment was issued to you on _____, 19__ in the amount of \$_____. Our records show that you have not repaid the Employee Emergency Payment in accordance with the terms of the Promissory Repayment Agreement dated _____, 19__. If you have submitted payment, in full, please let us know as soon as possible by calling FTS 443-2014 to allow us to check our records and clear your account. If you do not respond within fifteen (15) days of the date of this letter, we will initiate offset action.

In the event you have not already repaid us, you must submit payment for \$_____, representing the full amount of the emergency payment of \$_____, interest of \$_____, and \$_____ in administrative costs. Checks or money orders are to be made payable to the "Food and Drug Administration" and mailed to the address noted below.

Department of Health and Human Services
FDA Payroll Liaison
HFA-124, Room 11-90
5600 Fishers Lane
Rockville, MD 20857

If full payment is not received within thirty (30) days of the date of this notice, we will initiate recovery of this debt owed to the Government without further notice to you, by salary or other offset, as you agreed to in your request for an Employee Emergency Payment. Additional late payment charges will be assessed in the Promissory Repayment Agreement.

Your prompt attention to this matter is greatly appreciated. If you have any questions, please call the Payroll Liaison Office at FTS 443-2014.

Sincerely,

Staff Manual Guide 2310.3 Attachment E

David R. Petak
Chief, Accounting Branch

Staff Manual Guide 2310.3 Attachment F

**AMENDMENT TO HEALTH AND HUMAN SERVICES' EMPLOYEE
EMERGENCY PAYMENT REQUEST, PROMISSORY REPAYMENT
AGREEMENT, AND SALARY OFFSET AUTHORIZATION**

I, _____ certify that I have not received my salary for the
pay period ending _____ because _____.

I request an extension of my emergency payment of \$_____ dated _____.

Employee's Signature

Date

Agency/Office

Room No.

Phone No.

FINANCE OFFICE APPROVAL:

I hereby authorize an extension to this emergency payment.

David R. Petak
Chief, Accounting Branch

Date

Staff Manual Guide 2310.3 Attachment G

(SAMPLE MEMORANDUM REQUESTING SALARY OFFSET)

MEMORANDUM

Date:

From: Chief, Accounting Branch, FDA

Subject: Salary Offset Request - Emergency Employee Payment Not Repaid

To: Division of Personnel and Pay Systems
Payroll Accounting Group - Room 1000
330 Independence Avenue, S.W.
Washington, D.C. 20201
ATTN: Reconciliation Team

We are requesting your assistance in collecting the following employee debt via salary/retirement offset.

1. Employee Name: _____ SSN: _____

Timekeeper Number: _____

2. I certify that this is a valid debt and that the precise amount of the debt owed is \$ _____ through _____. It consists of \$ _____ principal, \$ _____ interest, \$ _____ administrative cost, and a 6% penalty of \$ _____. (Payroll's administrative cost charges are not included in these amounts.)

3. Attached are copies of the documentation of the debt (travel advances, vouchers, etc.)

4. Check only one.

4a. ___ The amount to be withheld each pay period is 15 percent of disposable pay until the full amount is recovered.

4b. ___ The amount to be withheld each pay period is \$ _____ as the employee agreed to this amount, in writing (copy of employee consent is attached.) Deduct this amount for _____ pay periods, and deduct \$ _____ the last pay period.

4c. ___ The amount to be withheld is the full amount of the debt from the employee's last pay and/or lump sum leave payment as the employee is leaving Government service.

5. The legislative and regulatory source of authority for administrative offset is the Debt Collection Act of 1982 (P.L. 97-365) at 31 U.S.C. 3716; 5 U.S.C. 5514, as implemented by 45 CFR 30.15.

Staff Manual Guide 2310.3 Attachment G

6. I certify that the employee has been notified in writing of the debt and his due process rights. See attached demand letter, including notification of pending offset action. The employee never responded _____ or the debt has been ruled valid and correct _____, after review.

7. Please credit CAN: _____ Appropriation: _____

8. Agency Location Code: _____

9. Mail SF 1081 to:

10. Comments:

For further information, please contact _____ on _____.

David R. Petak
Chief, Accounting Branch

Attachment(s)

cc: Servicing Personnel Office - Employee Record