## 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	e (First, MI, Last)						Personnel No.			
Mail Address (Street or PO Box)							Personnel Area			
City		Sta		te	Zip		Payroll Area	Z1/Z2	/T2	
Reason for Salary / Wage Advancement R							cord of Hours Worked			
Pay Date		Pay Period Ending			Hours Worked					
Select Reason	ACH Return									
Comments										
Delivery Information										
Delivery Metho	d US Mail					Contact Na	ame			
UPS Charge Acc	t No.	Billing Zip Code Contac				Contact Pl	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 Nam	e					Date Completed				
***Please ensure all information is completed to avoid any delays in processing your request.***										
CLICK HERE TO SUBMIT FORM TO ra-bcpohradvances@pa.gov										
*** TO BE COMPLETED BY BCPO PAY PROCESSING ***										
Amount	F	Repayment Method	4409 Deducti	on		Replace	ement Check Pa	y Date		
BCPO Analyst	Supervisor					Date Authorized				
Remarks										
NOMALIA										
*** TO BE COMPLETED BY BCPO ADVANCEMENTS AND DEDUCTION ACCOUNTING ***										
Vendor No.	SAP Doc (FB60) No. Posting Date									
Purpose Adv	rpose Advance SAP D						Che	eck No.		
Reconciliation: (	Check No.		D	ate Close	ed	Depos	sit Date			