

Department of Health and Human Services
**Amendment to
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	Building/Room No.	Phone No.
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Finance Office Approval:

I hereby authorize an extension of _____ days to this emergency payment.

Chief, Accounting Section Operations Accounting Branch Division of Financial Management	Date
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Privacy Act Statement

The primary use of this information is by management and your payroll office to account for payroll compensation and leave usage. Additional disclosures of the information may be to: the Internal Revenue Service and to state and local government agencies having taxing authority; a Federal, State, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; a Federal agency when conducting an investigation on you for employment or security reasons; the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; a contractor for the purpose of collating, analyzing, aggregating or otherwise refining records; the Department of Treasury for the purpose of preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; and the General Services Administration in connection with its responsibilities for records management.

If this information is used for purposes other than these indicated above, the Department may provide you with an additional statement reflecting those purposes.

Executive Order 9397 authorizes collection of your Social Security Number (SSN) and requires the mandatory use of the SSN as an identifier in a system of records concerning financial matters and related transactions with individual employees.