



Payroll Advance

Name of Employee: _____

Date: _____

Company/Dept: _____

I, _____, request an advance payment of \$ _____ on my wages/salary normally payable on the next regularly scheduled payroll date. If this request is approved, I would like to receive this advance by _____ (must allow 24-48 hours to process request).

I agree to repay this advance through either:

one payroll deduction to be made from wages/salary payable the first pay period immediately following the pay period from which this advance is made

OR

from 3 equal deductions from the next 3 pay periods immediately following the pay period from which this advance is made. Each deduction will be \$ _____.

I also agree that if I terminate employment prior to total repayment of this advance, I authorize the company to deduct any unpaid advance amount from any wages/salary owed me at the time of termination of employment. I further understand that the company will only allow one (1) payroll advance every 12 months per employee.

Employee Signature: _____

Date: _____

Approved by:

Supervisor Signature: _____

Date: _____

Clinic Director Signature: _____

Date: _____

HR Director Signature: _____

Date: _____