SALARY ADVANCE REQUEST



Date:		Employee #:Dep)ept. #:			_			
A salary ad	vance r	may he	made	to emn	lovees	hase	d on th	ne fo	llowing	criteri	a· 1\:	advance	oc chal	l not e	evceed	75%
of the emp		•		•	•				`	-	•					
be on trav	•	•	•			•				•		•	•			
					•		-		•	-			•	-	-	•
request one advance per quarter for other personal reasons (additional advance allowed if death or serious illness in immediate family); and 4) all advances will be deducted from the employee's next available paycheck.																
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		HOUR	S ALRE	ADY WC	RKED I	N THE	CURRE	NT P	AYROL	L PERIO	D (PP#:)			
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	
HOURS																
WORKED LEAVE																_
TAKEN																
															_	
Reason for request:																
																_
AMOUNT REQUESTED:% (maximum of 75% - see above)																
1000 00 1200																
1999-00-1200 \$fixed dollar amount, not to exceed 75% figure																
I/we do her	eby cert	ify that	the abo	ove info	rmatio	n is co	rrect to	the	best of	my/our	know	edge ar	nd the e	mploy	ee has	not
I/we do hereby certify that the above information is correct to the best of my/our knowledge and the employee has not received a previous advance in the current calendar quarter.																
Franksia C				Data												
Employee Signature Date										Supe	rvisor			D	ate	
FOR PAYROLL	DEPARTM	IENT USE	ONLY:													
TOTAL HOURS @ \$ = Gross Pay \$																
LESS: DEDUCTIONS\$																
NET PAY AVA																
75% OF NET I																
75% UF NET I	PAT AVA	ILADLE	••••••	•••••	••••••	> <u> </u>		-								
					_											
Payroll Signa	ture			Date	!									Updat	ted 10/1	/2024