

## EMPLOYEE ADVANCE FORM

**EMPLOYEE DETAILS** (Fill out all fields)

Name:	First	Middle	Last	Last 4 Digits of SSN:
Date of Advance:	Company Name:			Client No.:

I, \_\_\_\_\_, request an advance payment of \$ \_\_\_\_\_ on my wages/salary payable on the payroll date of \_\_\_\_\_. I understand that I am eligible for no more than \_\_\_\_ emergency payroll advances per calendar year and that the amount requested shall not exceed \_\_\_\_% of my earnings to date for the current month. If this request is approved, I would like to receive this advance by:

- Physical check
- Direct deposit
- Other: \_\_\_\_\_

By signing this form, I authorize \_\_\_\_\_ to make deductions from my paycheck to repay this advance through either:

- 1) 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
- 2) From equal deductions from the next pay periods immediately following the pay period from which this advance is made.

I also agree that if I terminate employment prior to total repayment of this advance, I authorize the \_\_\_\_\_ to deduct any unpaid advance amount from any wages/salary owed me at the time of termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Manager/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Entry

\_\_\_\_\_  
Date