



## Payroll Advance Request Form

*Please Refer to Section 6 – Payroll Administration Policy.*

Employee Name:	Date:
Position:	Department:

### Payroll Advance Details

Advance Requested: \$ _____
Reason For Advance:
Employee Receivable Balance \$ _____
Employee Expected Net Pay \$ _____ × 65% = Max Advance: \$ _____
Employee Annual Salary \$ _____ × 10% = Advance Limit: \$ _____
<b>Total Employee Advances in Calendar Year: \$ _____</b> (Must not exceed advance limit)

### Approval

Approved Advance: \$ _____ plus 15% Admin Fee = \$ _____ (total recoverable)	
Approved by:	Date:
Signature:	