



Salary Advance Request

Social Security Number: _____

Name: _____

Address: _____

Pay Period Covered: _____

Date Advance Required: _____

Amount of Advance: _____

Reason for Salary Advance: _____

Requestor's Signature

Vice President of Finance and Administrative Services
or Designee's Signature

Payroll Signature

I have received \$ _____ as an advance against my salary earned during the period from _____ to _____. I understand that this advance is payable when I receive my next salary check. **If not paid, the college has authorization to deduct payment from future payroll checks until balance due is paid in full. If employment ceases before the debt is paid in full, all services will be blocked and your account will be turned over to a collection agency.**

Signed

DUE DATE

Date

BUSINESS OFFICE USE ONLY:

40342-ND-11307

Check # _____

Check Date _____