

EMERGENCY SALARY ADVANCE REQUEST

This section to be completed by employee only

Employee Name: _____

Phone #: _____

I request an Emergency Salary Advance of my current months salary in the amount of \$_____. I do not believe this amount exceeds 50% of my unpaid earnings to date, however I do understand that if it does, an adjustment will be made and my advance will be written for the amount exercisable of what I have currently earned.

_____ Initial here

I hereby authorize the deduction of the determined amount from my next paycheck.

_____ Employee Signature

_____/_____/_____
Date

_____ Time

I AM A PART TIME EMPLOYEE AND A COPY OF MY TAR TO DATE IS ATTACHED

_____ Initial Here

This section to be completed by payroll office only

Verified advance amount per wages earned: \$_____ with supporting documentation attached.

_____ Payroll Clerk Signature

_____/_____/_____
Date

_____ Time

Comments:

Form must be signed and approved by Superintendent before check can be issued

_____ Superintendent Signature

_____/_____/_____
Date

Summary of policy and procedures:

- All requests for Emergency Salary Advance must be approved by the superintendent before any check can be issued
- **Checks will only be issued and available on the 15th of each month.**
- All ESA requests must be received no later than the 12th of each month.
- Part-time employees must attach a copy of their time card completed to date.
- No more than three advances per year for each employee will be approved.
- Payments will not exceed one-half the amount of NET salary earned at the time of the request.