

Request for Payroll Advance

Information			
Name		Employee ID	
Amount of Advance Requested:			
Date Required (minimum of three (3) business days):			
Details of Repayment:			
All payroll advances must have the approval of the Executive Director or in his absence the Director of Care.			
Employee Sign	nature	Date	
Approval			
□ Annuava d			
Approved Rejected			
Executive Dire	ector Signature	Date	