



Serving Children & Adults in Need, Inc. REQUEST FOR SALARY ADVANCE

An emergency salary advance may be requested by an employee experiencing a verifiable financial hardship against the hours worked in the current pay period (contingent upon Payroll deadlines).

Complete the form below to request the advance and you will be notified if the request will be processed.

Employee Information:

Date of Request: _____

Employee Number: _____

Employee Name Printed: _____

Ending Pay Period to be advanced: _____

Is this your first or second request for the fiscal year? _____

Provide a detailed explanation of the financial hardship(s) for the request: _____

Please note that you can be asked for verifying information

Payroll Advance Amount:

A request may be made for up to 70% of wages earned through the date of the request.

Amount of advance requested: \$ _____

Agreement and Authorization:

I hereby request a Payroll Advance for the amount indicated above. In order to qualify for a Payroll Advance, I understand that I must be a current employee of **Serving Children & Adults in Need, Inc.** in good-standing. **I understand that only two Payroll Advances are allowed per fiscal year as per our personnel policies and procedures manual.** I authorize **Serving Children & Adults in Need, Inc.** to deduct the amount of the Payroll Advance and any applicable fees from my next scheduled ACH Direct Deposit or payroll deduction. I understand that I will be liable for any outstanding payroll advance(s) nonetheless and will not be eligible for another payroll advance until all outstanding payroll advance(s) are paid in full. I understand and agree that the payroll advance service will be subject to the terms of this agreement, as well as to **Serving Children & Adults in Need, Inc.'s** Personnel Policies and Procedures Manual.

Employees Signature: _____

Date: _____

Approved By: _____

Date: _____