

Payable To \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Disposition of Check \_\_\_\_\_

FUND	ACCOUNT	DESCRIPTION	AMOUNT
01	13675		

I, \_\_\_\_\_, understand that this amount represents an advance of wages already earned (NOT A LOAN) and, therefore, the entire amount of the advance will be deducted on the next scheduled payday. I also understand that failure to provide a detailed reason for the request, in the appropriate space below, will result in a denial of this request.

Reason for Request *(attach additional sheet, if necessary)*

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If placed in the hands of an attorney for collection, I agree to pay actual attorney's fees.

***I have read and agree to the above. I also understand that the requested check will be run, per the policy of Business Services, on the next scheduled check run date. As of the date this form was revised, I understand that this form must be complete and received in the Office of Human Resources by NOON on Tuesday in order for a check to be available on the following Thursday. I further understand that if the form is incomplete and/or received later than the stated time, the check will not be available until the NEXT standard check run date in the following week.***

_____ Signature of Employee	_____ Date	_____ Dean/Division Director/Department Head/ Program Chair Approval	_____ Date
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_____ Supervisor Approval	_____ Date	_____ Human Resources Approval	_____ Date
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