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Payroll Office

Salary Advance Request

FAX (909)469-8571

I hereby request a salary advance in the amount of \$_____.

I agree to repay the advance through a deduction from my next payroll check.

Employee Name (Please Print)

Employee Signature

Date

Payroll Representative

Date

Please note: Salary advances are restricted to two (2) per calendar year.

1st advance _____

2nd advance _____