**Salary/Wage Advance Form**

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| --- | --- |
| Employee name: |  |
| Employee title: |  |

I write to request an advance payment from my wages/salary of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The reason for this request is as follows:

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I agree to repay this advance in accordance with the following arrangement:

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| --- |
| *e.g. By one lump-sum payroll deduction of the complete amount from my wages / salary.* |
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|  |

I also agree to repay the advance immediately and in full:

* at any time requested by Employer name
* if my employment terminates for any reason

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature: |  | Date: |  |

**Approved by:**

Representative of Employer name

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Signature: |  |
| Date: |  |