



**Centennial School District
PAYROLL ADVANCE REQUEST FORM**

Name _____ Building _____
PLEASE PRINT

Amount Requested \$ _____

1. A member of a bargaining unit may request an advance by the 10th day of the month.
2. The advance will be deducted from his/her check on the next payroll.
3. Employees shall be limited to four (4) advances per fiscal year (July-June).
4. No requests will be granted after May 10th.
5. An advance cannot exceed 70% of earned gross pay as of the date of the request.
6. The advance will be available for pick-up at the Payroll office on Friday afternoon.

I request a payroll advance in the amount shown above. I understand this will be deducted from my net pay on the next payroll.

Employee Signature

Date

PAYROLL OFFICE USE ONLY

Request # 1 2 3 4

Amount Authorized \$ _____

Processed By _____

Check Date _____

Check Number _____

By signing below you acknowledge receipt of the check listed above:

Employee Signature

Date