



# PAYROLL ADVANCE REQUEST

## TO BE COMPLETED BY EMPLOYEE/DEPARTMENT HEAD

Issue Check payable to \_\_\_\_\_ ID Number \_\_\_\_\_

Home Address (include Apt # if applicable) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Department Phone Number \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Advance:  Supervisor did not approve time sheet  HR Delay  
 Employment request processed late  Other \_\_\_\_\_

### **Terms and conditions:**

The employee charged with this advance is personally liable for the return of the advance to the Office of the Bursar upon receipt of their next payroll check. Failure to timely repay this advance will result in the matter being forwarded to Central Collections of Maryland for collection of this debt. A 17% collection fee will be assessed to the employee.

**I agree with the guidelines, terms and conditions set-forth in this request. By affixing my signature, I agree to honor all conditions of this request.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY PAYROLL DEPARTMENT

Employee Type    CONTRACTUAL     REGULAR

Amount of Advance \$ \_\_\_\_\_

You may pick up your check on \_\_\_\_\_ at the Cashier window of the Bursar's office (Montebello).

Processed by: \_\_\_\_\_

Approved                       Denied

## TO BE COMPLETED BY COMPTROLLERS OFFICE

Date Received \_\_\_\_\_ Time: \_\_\_\_\_

Advance Check # \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_