Kuspuk School District Payroll Advance Form

Date: _____

Employee Name: _____

Phone or Cell #: _____

Address: _____

_____

Amount Requested: _____   Date advance check needed: _____
Maximum Amount $900

Days worked since last pay period: _____

Withhold from *(Check one)*:   _____ 1 check

_____ 2 checks (1/2 taken from each)

_____ 3 checks (1/3 taken from each)

Delivery of check *(Check one)*:   _____ Employee has arranged for pick up by _____

_____ Send by US Mail (to the address above)

_____ Direct Deposit

Signatures Required: **Date:**

Employee: _____   _____
Please Sign Your Name

Supervisor: _____   _____

Business Manager: _____   _____

This Section for Business Office Use Only

Vendor #: _____   100.000.000.000.735

FY:____1st: _____2nd:_____Invoice #:_____