

**CASE WESTERN RESERVE UNIVERSITY
EMERGENCY SALARY ADVANCE REQUEST**

DATE: _____

NAME: _____

EMPLOYEE ID #: _____

DEPARTMENT: _____

PHONE EXT.: _____

DATE OF LAST ADVANCE (Limit: One per calendar year): _____

REASON: (Documentation may be requested for advances of more than \$100)

AMOUNT OF LOAN REQUESTED \$ _____ (Maximum amount is 70% of gross salary earned on the number of days worked in the pay period and no more than normal net pay. Minimum request is \$50.00.)

SUBMITTED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

FOR HUMAN RESOURCES USE ONLY

DATE RECEIVED: _____

APPROVED BY: _____
(Compensation Office)

DATE: _____

AMOUNT OF ADVANCE \$ _____

REPAID FROM PAYCHECK PAID ON: _____

BY: _____

DATE: _____

DISTRIBUTION: Payroll
 Employee
 Employee File