CASE WESTERN RESERVE UNIVERSITY EMERGENCY SALARY ADVANCE REQUEST

		DATE:	
NAME: DEPARTMENT:		EMPLOYEE ID #:	
		PHONE EXT.:	
DATE OF LAST ADVANCE	E (Limit: One per cal	endar year):	
REASON: (Documentatio	n may be requested	for advances of more than \$100)	
AMOUNT OF LOAN REQUESTED \$		(Maximum amount is 70% of gross salary	
earned on the number o	f days worked in th	ne pay period and no more than normal net pay.	
Minimum request is \$50.0	0.)		
SUBMITTED BY:		DATE:	
APPROVED BY:		DATE:	
******		SOURCES USE ONLY	
DATE RECEIVED:			
APPROVED BY: (Records Office)		DATE:	
AMOUNT OF ADVANCE \$			
REPAID FROM PAYCHEC	K PAID ON:		
BY:		DATE:	
DISTRIBUTION:	Payroll Employee Employee File		