
(Name of Entity)
EMPLOYEE ADVANCE/LOAN TERMS AND RECOVERY SCHEDULE

EMPLOYEE NAME:

EMPLOYEE CODE:

MODE OF PAYMENT: CHECK /TRANSFER TO BANK ACCOUNT

IF CHECK MODE, ADDRESS FOR MAILING THE CHECK:

STREET ADDRESS

CITY ZIP CODE: _____

ADVANCE AMOUNT Requested:

ADVANCE AMOUNT Approved (By EHS):

DATE OF APPLICATION:

DATE OF Joining :

RECOVERY SCHEDULE -

This may be deducted from my paycheck per pay period:

Payment amount per paycheck: _____

Beginning Recovery Date: _____

Business Travel Advance - Terms and Conditions

1. I hereby confirm that I have read and understood the International Relocation Policy ("Policy") available on Policies Hub, the HCL's Policy Portal
2. I hereby express my consent to be bound by the terms and conditions of the respective Policy.
3. I hereby give my express consent for recovery of the Travel Advance from and out of my Salary in accordance with the respective Policy.
4. I hereby give my express consent for recovery for the Travel Advance from and out of full and final settlement of my wages i.e. final paycheck, as permitted under the applicable laws, in the event of my separation from the Company in accordance to the respective Policy.
5. In the event of any outstanding balance, in spite of recovery from the full and final settlement of my wages, I hereby agree and undertake to settle the Travel Advance within 2 months from my last working date with the Company.
6. I agree that any notice for recovery sent over e-mail to the _____ (alternate personal mail id) shall be a valid service and I shall be responsible for paying the Company the legal recovery cost.

I hereby agree to and shall abide by the terms and conditions as stated above.

Applicant's Name and Signature:

Date:

Place: