



ADVANCE SALARY REQUEST FORM

Name: _____

Employee Code: _____

Department: _____

Designation: _____

Amount Requested: _____

Date of Joining: _____

(Give exact reasons in support of advance required)

Date: _____

Employee Signature: _____

Remarks: _____

Recommended By: _____

Department Head Name

Signature and Date

HR USE ONLY

Salary per month: _____

Net Salary per month: _____

Earned Amount: _____

Last Advance availed: _____

Verified by: _____
(Sr. Officer HR)

Recommended by: _____
(Manager HR)

Approved by: _____
Head of HCD

Approved Amount: _____

FINANCE/ACCOUNTS USE ONLY

Note:

- An employee can avail advance facility once in six months.
- Advance can only be applied after 15th day of the month.
- Advance amount can be availed up to 50% of gross monthly salary.
- Advance salary/amount drawn will be adjusted in the next month salary.

CONTROLLED DOCUMENT:

It cannot be changed /reproduced without prior permission of Head of HCD.