

Urgent Need Advance Payment Request Form

Name, Surname:		Unit / Faculty:	
Job:		ID No:	
Reason for Advance Request and to be Submitted Document:	<input type="checkbox"/>	Supported Situations	Required Documents
	<input type="checkbox"/>	Illness/Death	Hospital report or doctor's report
	<input type="checkbox"/>	Childbirth	Hospital report or doctor's report and invoice
	<input type="checkbox"/>	Education	Invoice
	<input type="checkbox"/>	Marriage	Invoice or wedding invitation
	<input type="checkbox"/>	Natural Disaster	Damage report
Note: Please submit the required document to HR together with the Urgent Need Advance Payment Request Form, or within one week after receiving the advance payment.			
Explanation:	Purpose and the person (himself/herself, spouse, child, mother, father) the advance payment will be used for:		
Amount of the Advance Payment (net TL):		Preferred Number of Installments: (Number of Installments can be 10 at most)	Note: Reimbursement starts from the month following the advance payment.
Preferred Date of Advance Payment:			

I,, hereby accept that, if this request is approved, I will abide to the Instructions and Procedures of Sabancı University, and agree that Sabancı University will reimburse the amount given to me as an advance payment, in installments from my monthly income. In case of my separation from Sabancı University, I agree and declare that the total amount of remaining debt will be deducted from all kinds of my remaining receivables from SU and my private retirement insurance accumulations.

Employee	Direct Manager	Senior Manager
Signature:	Signature:	Signature:
Date:	Date:	Date:

To be filled in by Human Resources:

Approved Advance Amount:				
Reimbursement Plan:	Month / Year	Installment Amount (net TL)	Month / Year	Installment Amount (net TL)
	1. Inst.:	6. Inst.:
	2. Inst.:	7. Inst.:
	3. Inst.:	8. Inst.:
	4. Inst.:	9. Inst.:
	5. Inst.:	10. Inst.:

Approval:

Human Resources Director	General Secretary
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