



PRIMERA MFB

Employee Salary Advance Request Form

Employee Name: _____

Staff ID: _____

Date of Request: _____

Unit/Department: _____

The Amount of the Advance Requested: _____

Payback Period for the Advance (indicate the month): _____

I _____ (Employee Name) understand that I am hereby requesting a salary advance. I also understand that this salary advance will be deducted in full from the next pay. I also agree and understand that in the unlikely event of my termination of employment prior to the full repayment of this advance; the company has my authorization to keep **ANY** monies due to me until the full amount of this advance has been completely repaid.

Employee's Signature: _____

Bank Name: _____

Bank Account Number: _____

Account Name: _____

APPROVAL

Human Resources: _____ (Name, Signature & Date)

Finance Department: _____ (Name, Signature & Date)