

SPELMAN COLLEGE

350 Spelman Lane, SW
Atlanta, GA 30314-4399
Payroll (404) 270-5166

DIVISION OF BUSINESS AND FINANCIAL AFFAIRS

**FULL-TIME STAFF AND FACULTY
SALARY ADVANCE**

Please complete all requested information below:

Employee name: _____
(Please Print)

Department: _____
(Please Print)

1. I hereby request an advance on my salary in the amount of \$ _____.
(Note: Advance is not to exceed one-half of the net amount of my next regular paycheck.)
2. **I understand that this advance will be deducted in full from my next regular paycheck, which shall be issued within 30 days or less.**

Employee's Signature

Director or Dept. Chair's Signature
(Reference Employee Handbook Policy 408: Pay Advances)

DO NOT WRITE BELOW THIS LINE

The employee identified above owes the College a salary advance of \$ _____
Made on _____(date).

Advance approved / not approved in the amount of \$ _____

Controller's Signature

For further information, please refer to **Employee Handbook Policy 408: Pay Advances.**