

# 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**.