

# Digital Salary Advance Request Form

## Employee Details

Full Name

Enter your full name

Employee ID

Enter your Employee ID

Department

Enter your department

Designation

Enter your designation

Contact Number

Enter your phone number

Email Address

Enter your email address

## Advance Request Details

Advance Amount Requested

Salary Month

Repayment Method

Select method

Reason for Advance Request

Briefly describe your reason for requesting the advance

## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to repay the advance amount as per company policy and authorize the deduction from my upcoming salary as agreed.

Applicant's Signature

Type your name as signature

Date

## **Important Notes**

- This request is subject to employer review and approval based on company policies.
- Salary advances may be limited to a certain portion of your monthly earnings.
- Repayment terms will be enforced as agreed between the company and the employee.
- Providing false information may result in disciplinary action.
- Keep a copy of this form for your personal records.