

# Salary Advance Request Form

Employee Name

Enter full name

Employee ID

Employee ID

Position/Title

Department

Date of Request

Advance Amount Requested

Reason for Advance

Provide a brief reason

Repayment Plan

e.g. Deduct from next salary

Expected Repayment Date

## Signatures

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*Employee Signature / Date*

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*Supervisor / Manager Signature / Date*

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*HR/Finance Approval / Date*

## **Important Notes:**

- The salary advance is subject to company approval and policy.
- Providing false information may result in disciplinary action.
- The advance amount will typically be deducted automatically from future salary payments.
- Approval is not guaranteed and depends on company discretion.
- Retain a copy of this completed form for your records.