



Reedsport School District

EMERGENCY SALARY ADVANCE REQUEST

This section to be completed by employee only

Employee Name: _____ Phone #: _____

I request an Emergency Salary Advance of my current months' salary in the amount of \$_____.

Initial Here

I do not believe this amount exceeds 50% of my unpaid NET earnings to date, however I do understand that if it does, an adjustment will be made and my advance will be written for the amount exercisable of what I have currently earned.

Initial Here

I AM A PART TIME EMPLOYEE AND A COPY OF MY TAR TO DATE IS ATTACHED

I hereby authorize the deduction of the determined amount from my next paycheck.

Employee Signature: _____ Date: _____

This section to be completed by payroll office only

Verified advance amount per wages earned: \$_____ with supporting documentation attached.

Payroll Clerk Signature: _____ Date: _____

Comments:

Form must be signed and approved by Superintendent before check can be issued

Superintendent Signature: _____ Date: _____

Summary of policy and procedures:

- All Emergency Salary Advance (ESA) requests must be received no later than the 4th of each month.
- Checks will only be issued and available on the 12th of each month.
- All requests for Emergency Salary Advance must be approved by the superintendent before any check can be issued
- Payments will not exceed one-half the amount of NET salary earned at the time of the request (minus garnishments).
- Part-time employees must attach a copy of their time card completed to date.
- No more than one advance per year for each employee will be approved.