REQUEST FOR SALARY ADVANCE

EMPLOYEE ID NO.	LAST NAME	FIRST NAME	M/I
E-			

PAY LOCATION NO. AND NAME	

Choose one: Classified Certificated

I hereby request a salary advance of

This authorization will remain in effect until I terminate or cancel VIA a cancellation card (form BD-681) or submit a revised request for salary advance. In the event I will be on leave without pay or on statutory illness leave for more than 5 days in one pay period, I understand that my salary advance will be cancelled. I must submit a new request for salary advance to have my salary advance reinstated.

Employee Signature Date

FOR PAYROLL USE ONLY

JOB CODE	DED CODE	FLAG	START DATE	END DATE

BD-246 Rev. 10/12