



UNIVERSITY OF DALLAS
REQUEST FOR PAYROLL ADVANCE

Date Submitted _____ Date Desired: _____

Employee Name: _____ Social Security No: _____

Employee Home Department _____

****All Advances are charged a \$25 Advance Fee****

All Advances will be deducted from the next regular pay, in full*

Gross Amount Requested \$ _____

Justification for Advance

Employee is paid _____ Semi Monthly _____ Biweekly

If paid biweekly (hourly), the following must be included:

Number of hours worked _____

Attach copy (not original) of time card for current pay period requested.

APPROVAL:

Department Head _____ Date _____

Dean/Divison Head _____ Date _____

DO NOT WRITE IN THIS SPACE (Payroll Services Use Only)

Processed By: _____ Date to be Paid On: _____

Check # _____ Amount Paid \$ _____

Date Reconciled and Repaid: _____

Payroll Manager: _____