

**SPELMAN COLLEGE**

350 Spelman Lane, SW  
Atlanta, GA 30314-4399  
Payroll (404) 270-5166

DIVISION OF BUSINESS AND FINANCIAL AFFAIRS

**FULL-TIME STAFF AND FACULTY  
SALARY ADVANCE**

*Please complete all requested information below:*

Employee name: \_\_\_\_\_  
*(Please Print)*

Department: \_\_\_\_\_  
*(Please Print)*

- I hereby request an advance on my salary in the amount of \$ \_\_\_\_\_.  
*(Note: Advance is not to exceed one-half of the net amount of my next regular paycheck.)*
- I understand that this advance will be deducted in full from my next regular paycheck, which shall be issued within 30 days or less.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Director or Dept. Chair's Signature  
(Reference Employee Handbook Policy 408: Pay Advances)

***DO NOT WRITE BELOW THIS LINE***

The employee identified above owes the College a salary advance of \$ \_\_\_\_\_  
Made on \_\_\_\_\_(date).

*Advance approved / not approved* in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Controller's Signature

For further information, please refer to **Employee Handbook Policy 408: Pay Advances.**