# DICKINSON COLLEGE

## PAY ADVANCE REQUEST
## AND REPAYMENT AUTHORIZATION FORM

| Employee Name | Employee Social Security Number |
|---|---|
| Loan Amount $ | HR Administrator Authorizing Advance<br><br>Finance Administrator Authorizing Advance |

I hereby request a pay advance in the amount of $_____ for emergency purposes as described below: _____
_____
_____.

For and in exchange for the College providing this advance, I authorize Dickinson College to make deductions from my wages according to the Payment Terms set forth below until the full amount of the pay advance has been repaid. (Repayment shall not to exceed six (6) pay periods). Deductions will begin with the first pay period following the pay advance.

In the event that my employment with Dickinson College should end before I fully repay the advance, I understand and agree that any unpaid balance is due immediately without further demand. I authorize Dickinson College to make any deductions from my final pay or other sums due to me to the fullest extent permitted by law in order to fully satisfy the remaining balance then due to the College.

In the event that (a) the net amount of my final pay is insufficient to satisfy the remainder due and I fail to repay the remaining amount within seven (7) calendar days of separation or (b) I fail at any time to comply with the terms of this Agreement, I recognize that the College may seek to recover the remaining balance due through any legal means at its disposal. In such event, I acknowledge that Dickinson College is entitled to recover costs and attorney's fees from me in conjunction with such action.

**Payment Terms**
**Total amount of approved pay advance**: $_____
$_____per pay period
_____ number of deductions
Payment begins on _____
(pay date)

| X_____<br>Employee Signature Date | X_____<br>Administrator Signature Date<br>(or witness) |
|---|---|

PAYROLL USE ONLY

Check #_____ Check Date_____ Effective Date_____ End Date_____

cc: Employee HR Services