



## EMPLOYEE ADVANCE AGREEMENT

### EMPLOYEE ADVANCE AGREEMENT QUALIFICATIONS

Please note: There would be no exceptions to the qualifications.

1. You must have a permanent schedule (PRN does not qualify).
2. You have to be employed for at least 6 months
3. Must complete and sign the Employee Advance Agreement form and its entirety.

#### Upon completion of the agreement form:

Please allow 1-2 business days for approval and payment to be distributed. If payroll is being processed at the time of submission, request will not be processed until after payroll is complete (timeframe may take longer).

There is a \$10 processing/administration fee that would be deducted from the amount approved. Approval amount is equivalent to 50% of your Average Net Income. This means you may not be approved for the amount requested. The repayment terms of the advancement are 4 payments. If you would like to prepay (pay back sooner) please notify the Payroll Coordinator. The repayment terms will not be carried out no longer than 4 payments.

This pay advance is intended to help you manage your short-term money needs. Please use responsibly. If you have any further questions please contact the payroll coordinator at 816-531-0045 Ext 209.



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### EMPLOYEE INFORMATION (Complete all fields)

<b>Employee Name:</b>		<b>Employee Number:</b>
<b>Phone No:</b> (   )   -	<b>To be completed by Administration</b> <b>Date of Advance:</b>	<b>To be completed by Administration</b> <b>Approved Advance Amount:</b>  \$

I, \_\_\_\_\_ request an advance payment of \$ \_\_\_\_\_ on my wages/salary. I understand that I am eligible for no more than one payroll advance per rolling year and that the amount requested shall not exceed 50% (no more than \$500) of my estimated, average net as determined by the payroll department. If this advance is approved, I understand it would be a physical check for the full advance amount minus a \$10 administrative fee.

By signing this form, I authorize Center for Developmentally Disabled to make \$ \_\_\_\_\_ deductions from my next (4) pay periods immediately following the pay period from which this advance is made.

I understand that if at any time I do not have enough hours to cover my next payroll deduction, the advance becomes immediately due and payable and may be deducted from my next paycheck in full. I also agree that if I terminate employment prior to total repayment of this advance, I authorize Center for Developmentally Disabled to deduct any unpaid advance amount from any wages/salary owed to me at the time of termination of employment.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Payroll Coordinator Signature**

\_\_\_\_\_  
**Date**