

**Lane Education Service District
Administrative Rule**

Code: **DLBA-AR**
Adopted: 9/24/02
Readopted: 7/15/03; 05/23/06; 6/14/11

Advance Salary Payment Request

Date: _____

Employee Name: _____

Phone No.: _____

Amount of Request: \$ _____

Pickup _____

Mail _____

Payroll Month: _____

I understand that this is an advance against accrued wages and is to be deducted from my next regular paycheck.

Employee Signature: _____

**If request is approved, payment will be issued by the following work day. **

Advance Salary Payment Request Authorization

Superintendent Approval

Advance salary payment authorized if the above-named employee has sufficient net earnings to cover the amount requested, has had no more than one prior advance salary payments in this fiscal year, and is not within five working days of the end of the month.

Superintendent or designee: _____

Date: _____

Payroll Approval

_____ Yes: Regular employee, sufficient net earnings, no prior advances

_____ No: Reason for denial _____

Payroll: _____

Date: _____

Business Director: _____

Date: _____