

Financial Services Department  
 Phone : (321)608-7010 | Fax: (321) 608-7048

**REQUEST ADVANCE ON PAY**

- ◆ Signature of Department Director is required.
- ◆ Send this form to the Payroll Department **2 weeks** prior to the date the payment is requesting to be issued. If it is not received 2 weeks prior, payroll will not be responsible for ensuring the payment is issued on the requested date.
- ◆ Payroll will verify information. You must have adequate accrued vacation leave to cover the amount of the payment requested.
- ◆ Form will go to the Deputy City Manager for approval.
- ◆ This is an advance on your pay. You will still receive a paycheck on the normal pay date, less the amount of the advance you received.
- ◆ **Payment will be issued as a separate direct deposit on pay day.**

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department: \_\_\_\_\_

I request an advance on pay in the amount of \$ \_\_\_\_\_ for the pay date of \_\_\_\_\_ .  
(Regular pay date)

I request that this advance be issued on \_\_\_\_\_ .  
(Date you would like the advance)

**The reason for this request is:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature	Date	Department Director Signature	Date
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Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Deputy City Manager or Airport Executive Director Signature	Date
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**FOR PAYROLL USE ONLY**

Number of accrued vacation hour's available \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Revised Vacation Balance \_\_\_\_\_ (hours)  
 Paycheck processed \_\_\_\_\_