

REQUEST FOR PAYROLL DRAW

Name: _____ Employee #: _____

Date Needed By: _____ Amount Requested: _____

Mail

Hold for Pickup

Employee Signature

Date of Request

FOR OFFICE USE ONLY:

Amount Approved: _____ Check Date: _____

Superintendent Approval: _____

Check #: _____ P/R Deduction Date: _____

Account #: 100..9155 Deduction: 7 – Pay Advance

Colton School District 53

Code: **DLBA**
Adopted: 6/11/07
Readopted: 9/13/10
Orig. Code(s): DLBA

Advance Salary Payments

All requests for advance salary payments shall be submitted in writing to the superintendent. Payment will not exceed the amount of net salary earned at the time of the request. If approved, the amount of the advance will be reduced by any associated additional processing costs. No more than one advance per employee will be approved per contract period without prior approval of the superintendent.

END OF POLICY

Legal Reference(s):

ORS 332.107

ORS 652.140