



SALARY ADVANCE REQUEST FORM

Salary Advance Requested by:

Name: _____

Designation: _____

Advance Amount Requested: Nu. _____ Date: _____

(Max of 2 Months Gross Salary)

Reason for Request: _____

Amount of Repayment per month: Nu. _____

(The salary advance amount will be recovered from the employee's salary within 12 months)

Signature of the Employee

Date:

To be filled by Accounts Division

Amount of Previous Salary Advance outstanding: Nu. _____

Signature of Accounts Personnel

Approved by:

(Chief Executive Officer)