



LEECH LAKE BAND OF OJIBWE

ACCOUNTING DEPARTMENT

PAYROLL ADVANCE AGREEMENT

The following is an agreement binding all parties to the payroll advance policies.

I, _____ am requesting a payroll advance of \$ _____ for
(Print Name)

Any reason Emergency reason

Emergency reason: _____.

By signing below, I agree to pay back the above advance by withholding (check one)

- 100% of the amount from my next paycheck
 50% of the amount from my next 2 paychecks

NOTE: If neither box is checked, 100% of the amount will be deducted from the next paycheck.

Employee's Signature

Employee ID or SS #

date

Direct Supervisor Signature

date

This approval is based upon hours that have been formally approved by the direct supervisor in the Empower System.

Division Director Signature

date

Once completed, please scan and email this form to karen.warme@llojibwe.net, devery.staples@llojibwe.net and Rebecca.white@llojibwe.net

For Accounting Use Only

1. Employee's net payroll check each payroll _____ X 70% = _____
(See attached payroll print-out) (Advance)
2. Total amount of employee's payroll advance _____
(Amount requested or calculated- whichever is less)
3. Deduction amount per pay period _____ Vendor # _____

Payroll Signature

Date

ADVANCE #