Associated Students
SAN DIEGO STATE UNIVERSITY

# PAYROLL ADVANCE/EARLY PAYCHECK RELEASE FORM

**PLEASE CHECK ONE**: ☐ PAYROLL ADVANCE ADVANCE # _____

☐ EARLY PAYCHECK RELEASE

Employee Name: _____ Red ID #: _____

## *** FOR PAYROLL ADVANCE ***

Please advance the above named employee the amount of $_____.

Please check form of payment: ☐ Petty Cash (Limited to $200)

☐ Accounts Payable Check

Hours worked to date _____ **(attach copy of current KRONOS punch detail)**.

The advance is being requested due to the following reason:

## *** FOR EARLY RELEASE OF PAYCHECK ONLY ***

Please release paycheck for the above named employee on_____. Release requested due to the following reason:

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Payroll Approval: _____ Date: _____

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**Accounting Use Only:**

Account # 1-XX-XXX-1101 Check # _____ Date: _____

**PLEASE NOTE: An employee can only request one payroll advance per year (in a twelve month period).**