

**FACULTY**  
**REQUEST FOR ADVANCE**

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

School/College: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ net/gross (*circle one*)

Please state nature of emergency or special need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please notify me when check is ready for pick up at the controller's office via email.

\_\_\_\_\_  
Email address @seattleu.edu

OR

Please mail to my address on file.

**Please allow three business days for processing.**

**All advances will be paid via paper check NOT direct deposit.**

It is the policy of Seattle University to permit *no more than two pay advances in one twelve month period*. The university grants faculty salary advances at times of emergency or special need, and requires approval of the Assistant Provost for Business and Faculty Administration, the Controller and the Payroll Manager. Faculty may receive the monthly amount that is appropriate to the faculty contract (minus deductions).

**APPROVALS**

\_\_\_\_\_  
Assistant Provost for Business & Faculty Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Manager

\_\_\_\_\_  
Date

Amount Authorized: \_\_\_\_\_

**Please submit to the Faculty Services Office (RINA 219)**

**Fax: 206-398-4402**

**Email: bixlers@seattleu.edu**

**FOR OFFICIAL USE ONLY**

SU ID #:	Previous Request Date:	Request #:
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