



HARRISBURG SCHOOL DISTRICT NO. 7

P.O. Box 208
865 LaSalle Street
Harrisburg, Oregon 97446-0208
Telephone (541) 995-6626
Fax: (541) 995-3453

Bryan Starr, Superintendent ** Terry Crabb, Board Chair

REQUEST FOR ADVANCE ON SALARY

I, _____, request that the **net** sum of \$ _____
be advanced against my salary due for the month ending _____, 20_____.

Pursuant to Harrisburg School District Policy DLBA, I am allowed **two salary advances per year for emergency purposes only.**

NOTE: The district is a next day tax depositor, this check is subject to payroll taxes.

Please provide a brief description of the emergency:

Date of Request: _____ Employee Signature: _____

Date check needed: _____

APPROVED BY:

Melanie Neece
Business Manager

Bryan Starr
Superintendent

Business Department Only

Date of Completed Request: _____ Completed By: _____

Pay Period Granted: _____ Pay Period Paid Back: _____