

COMMUNITY ACTION TEAM, INC.
Fiscal Dept.
124 N. 18th St.
St. Helens, OR 97051
(503) 397-6570 Fax (503) 366-7906

PAYROLL ADVANCE (DRAW) REQUEST

Date _____

Employee Name _____

Mailing Address _____

Number of Hours Worked as of Request Date _____

Hourly Rate _____

Gross Earnings To Date (*# of Hours Worked X Hourly Rate*) _____
(*You can only draw up to 75% of gross earnings*)

Amount Requested _____

Hours and Rate Verified _____
(*Supervisor Signature*)

Advance requests will be processed around the 15th of the month. (If the 15th is a weekend, then the Friday before.) Your request needs to be in to the fiscal office at C.A.T. by the last work day before the 15th, (or Thursday before if the 15th is a Saturday or Sunday). Draws submitted after this date will be subject to regular payable process.

The fiscal office will try to have all advance checks mailed out by the 15th, depending on availability of the check signers.

Draws/advances cannot be direct deposited.

Employee Signature

Date