



# 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.warne@llojibwe.net](mailto:karen.warne@llojibwe.net) and [Michael.white@llojibwe.net](mailto:Michael.white@llojibwe.net)

### **For Accounting Use Only**

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

\_\_\_\_\_  
Payroll Signature      Date      ADVANCE #