**Request for Early Pay**

Cottonwood, Inc. issues paychecks on the last working day of every month. For some people, adjusting to the monthly schedule takes a couple months. For others, unforeseen financial difficulties cause hardship while waiting for the next payday. In these circumstances, early pay requests can be made.

**Policy**: Staff may be granted early pay no more than twice in a calendar year. To help cover the additional administrative expense of processing checks outside the monthly payroll schedule, a fee will be charged on the 2nd request made in a year (*this fee does not apply to staff during their first calendar year of employment*)*.*

*Note: Cottonwood, Inc. cannot make loans to staff. Requested early pay amounts cannot exceed the number of hours the staff person has worked so far in the pay period the request is made.*

**Directions (Please check one of the following):**

[ ]  **New Staff**

[ ]  1st Request this year [ ]  2nd Request this year

[ ]  **Staff employed longer than a year**

 [ ]  1st Request this year [ ]  2nd Request this year (includes a $15.00 processing fee)

All requests for early pay must be completed by the employee and the immediate supervisor, and then forwarded to the department director for review. The director will seek any additional information needed to make a decision whether or not to support the request. The director will consider whether requests for early pay have been made before and the nature of the urgent need. The director will also help make sure that the lowest possible amount to meet the need has been requested. If the director supports the request, the director will forward it to the Chief Financial Officer for the final decision.

**Applicant’s name:**   **Amount of early pay requested:** $ 

**Reason for request** (Note: attaching additional documentation, such as an estimate for needed repairs, bill/statement, etc. may help emphasize the need for early pay. The employee chooses whether or not to include the supporting documents)**:**

 

**If my request is approved, I give permission for the amount of early pay plus a $15.00 processing fee (if applicable) to be deducted from my next paycheck.**

**Applicant’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director’s Decision to support or not:**

[ ]  **I support** (Director forwards the request to the Chief Financial Officer for the final decision.)

[ ]  **I do not support** (Director needs to meet with the employee to discuss the situation, and, if warranted, give the employee an opportunity to supply additional information.)

**Director’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director’s signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CFO’s Decision to grant request:**

[ ]  **Yes** (arrangements will be made. The form will be filed by the CFO.)

[ ]  **No** (form will be returned to the director to follow up with the employee.)

**CFO’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CFO’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_