
Employee Loan Advance Form

Employee Information:

- Full Name: _____
- Employee ID: _____
- Department: _____
- Position: _____
- Contact Number: _____
- Email Address: _____

Advance Details:

- Amount Requested: _____
- Purpose of Advance: _____
- Date Requested: _____
- Repayment Schedule:
 - Repayment Start Date: _____
 - Number of Installments: _____

Authorization:

- Employee Signature: _____
- Date: _____

For Office Use Only:

- Request Received By (Name & Position):

-
- **Date Received:** _____
 - **Approved/Denied By (Name & Position):**

 - **Approval Date:** _____
 - **Amount Approved:** _____
 - **Repayment Terms:** _____

Notes/Comments:

Manager/Supervisor Approval:

- **Name:** _____
- **Signature:** _____
- **Date:** _____

Finance Department Approval:

- **Name:** _____
- **Signature:** _____
- **Date:** _____