



2356 University Avenue W., Suite 220
St. Paul, MN 55114

Tele: 651.789.2299 Fax: 651.306.1359
Toll Free: 866.677.3669 Toll Free Fax: 866.957.4647

APPROVAL FOR EMPLOYEE PAYROLL LOAN ADVANCE FEE

I, _____ (EMPLOYEE NAME), hereby agree that my time card, which as submitted on _____ (Date) at _____ (Time), is late, according to the CPH payroll schedule and policies and procedures as set forth in the employee handbook.

I understand that I have two options regarding payment on my late time card. Option one, I can submit the timecard today and will be paid at the next scheduled pay period. Option two; I can voluntarily elect to receive a payroll loan advance, which will be paid back when CPH receives payment from its clients. I understand that if I choose options two there is a fifty (\$50.00) payroll loan advance fee that I will incur. I fully understand my options regarding payment on my late time card. I hereby elect to pay the \$50.00 payroll advance fee in order to receive my advanced paycheck.

Date: _____

Employee Signature

Printed employee name