

MICROLOAN REQUEST FORM

To be eligible:

- Employee must be employed at Hilltop for at least 6 months.
- Employee must not have a current active microloan.



To be completed by Employee:

Employee Name: _____

Date of last loan: _____ Hire Date: _____ Pay Rate: _____
(Twice per fiscal year max)

Date of Request: _____ Amount: _____ Need By: _____
(Limit \$500.00)

\$ _____ ÷ 6 pay periods = \$ _____
(loan amount) (amount to be paid back per paycheck)

By signing below, I agree that \$ _____ will be deducted from my payroll check, starting on _____ to repay the microloan requested. If I leave Hilltop before the microloan is paid off, the balance will be deducted from my final paycheck as allowed by law.
(Pay date)

Employee Signature: _____

For Approval Process Only:

OPS Director Approval: _____

Accounting Approval: _____ Account Code: _____ Amount: _____

Check #: _____ By: _____ Original Forwarded to Payroll: _____

Microloan Deducted from Employee Payroll Check: _____ By: _____
