

# MICROLOAN REQUEST FORM



To be eligible:

- Employee must be employed at Hilltop for at least 6 Months.  
(We are unable to make exceptions to these requirements)
- Employee must not have a current active microloan.

*To be completed by Employee:*

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Date of last loan: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Amount: \_\_\_\_\_ Need By: \_\_\_\_\_  
(Limit \$500.00) (Date needed by)

$$\frac{\$ \text{_____}}{\text{(loan amount)}} \div 6 \text{ pay periods} = \$ \text{_____}$$

(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.  
(Pay date)

Employee Signature: \_\_\_\_\_

*Please submit to the Finance Dept. for processing. [fiscalpayables@htop.org](mailto:fiscalpayables@htop.org)*

*For Approval Process Only:*

OPS Director Approval: \_\_\_\_\_

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Accounting Approval: \_\_\_\_\_ Account Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Check #: \_\_\_\_\_ By: \_\_\_\_\_ Original Forwarded to Payroll: \_\_\_\_\_

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Microloan Deducted from Employee Payroll Check: \_\_\_\_\_ By: \_\_\_\_\_

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