

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.
- Checks are issued every Thursday (Must have the form to A/P by end of day Tuesday)

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)

$$\begin{matrix} \$ \underline{\hspace{2cm}} & \div & 6 \text{ pay periods} & = & \$ \underline{\hspace{2cm}} \\ \text{(loan amount)} & & & & \text{(amount to be paid back per paycheck)} \end{matrix}$$

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

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: _____
