

Advance of Salary Policy

We will provide this policy on request at no cost, in large print, in Braille, on tape or in another non-written format.

Introduction

The organisation makes available advances of salary to employees who find themselves in financial difficulties due to an unexpected situation which they have been unable to budget or plan for.

Advances of salary are not made available for regular and/or routine situations.

It is the responsibility of the line manager to ensure:

- a) that they are familiar with the details of the advances of salary policy.
- b) that employees are familiar with the procedure for requesting advances.
- c) if approached by an employee requesting an advance of salary that as much practical background detail as possible is gathered on the reason for the request. Where practical you should ask to see proof of the situation.
- d) that the advance of salary is for a genuinely unexpected situation.
- e) that details of the repayment are agreed on. This is to be no more than 6 months except in exceptional circumstances.
- f) that the employee completes the authorisation to deduct money from their salary.
- g) that the Area Care Manager/Head of Care/Section Head countersigns any advance of salary form prior to forwarding it to finance. A copy of the form should be provided to Human Resources to be held in the employee's personnel file.
- h) you do not authorise an advance of salary if there is a balance outstanding from a previous advance.
- i) that employees are aware that you will ask to see proof, where practical, that the advance was used for the purpose it was intended for.

Salary advances will not be given for more than 1/2 of an employee's usual monthly salary up to a maximum of £500.

Please note that the Management Committee receive regular updates on outstanding balances relating to salary advances.

LORETTO HOUSING
ADVANCES OF SALARY

NAME _____ SERVICE/SECTION _____

DATE _____

HAVE YOU RECEIVED ANY ADVANCES OF SALARY IN THE PAST YES/NO

PLEASE PROVIDE DETAILS _____

REASON(S) FOR REQUEST _____

PROOF (if required) _____

IS THE MONEY TO BE PAID DIRECT TO A THIRD PARTY YES/NO

IF YES, PLEASE GIVE DETAILS _____

LINE MANAGER AUTHORISATION _____ DATE _____

SIGNED _____ DATE _____

DATE REPAYMENT TO BE COMPLETED BY _____

LORETTO HOUSING Association
ADVANCES OF SALARY
(AUTHORISATION TO DEDUCT MONEY FROM SALARY)

NAME _____ SERVICE/SECTION _____

DATE _____ AMOUNT REQUESTED _____

DETAILS OF REPAYMENT

DATE FIRST DEDUCTION TO TAKE PLACE FROM SALARY _____

AUTHORISATION TO DEDUCT REPAYMENTS

I _____ authorise Loretto Housing Association/ to deduct
___ from my salary beginning on the

This deduction will continue for _____ months and will end on

I also authorise Loretto Housing Association to deduct any bank
charges relating to this advance from my salary on the _____

EMPLOYEE NAME (BLOCK CAPITALS) _____

SIGNATURE _____ DATE _____

AUTHORISATION

SIGNED _____ DATE _____