



Special Advance Request Check List

APPLICANTS PAY RECORD

**TO BE COMPLETED BEFORE FORWARD TO ACCOUNTANT GENERAL
FOR APPROVAL**

This form is to be attached to the Special Advance Request.

Applicants Name:		TPF# :		Level:	
Estimate Net:	\$			Amount Requested:	\$
Amount Eligible to Advance:	\$			Comments	
Advance Position:	1. Outstanding \$..... 2. Cleared [Circle]				
Advance inline with Guideline?	1. Yes 2. No [Circle]				
Advance Request Criteria:	1. Compassionate Ground 2. Annual Leave 3. Contribute towards spouse & children's airfare [Circle]				
Supporting Documents Attached:	1. Yes 2. No [Circle]				

I certify that all of the information required by Special Advance Guidelines has been obtain and attached to this request

Payroll Checking Officer:

Sign:

Date:

I certify that the information indicated above complies with Special Advance Guidelines

Chief Payroll Officer's Certification:

Sign:

Date:

Accountant General's Approval:

Sign:

Date

Approved/ Not Approved [Circle]

Reason

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