ACCRA TECHNICAL UNIVERSITY

DIRECTORATE OF FINANCE
ATUCF19 - SALARY ADVANCE FORM

NAME: ……

STAFF No.: …… TELEPHONE No.: …….....

DEPARTMENT: …….....

DATE: …….....

---

1. I shall be grateful if you will authorize a grant of salary advance of ¢……. The reasons for this are stated overleaf/given in the attached confidential letter.

2. My basic salary is GH¢…… per annum and I do not anticipate suffering Any financial embarrassment through the recovery of this amount.

3. I have/have not been granted salary advance within
4. If my application is granted, I agree that the advance shall be recovered from my Salary in ……. installment beginning from ……. And I agree to pay interest on the advance at …… % per annum.

5. Mode of payment: Direct to bank/cheque/cash

Bankers:..... Branch: ..... Account No:.....

…….. ……
Applicants Signature Guarantor full Name/Dept.

…….. ……
Department Guarantors Signature

TO BE COMPLETED BY THE HEAD OF DEPARTMENT

I hereby recommend/do not recommend the grant of emergency/leave salary advance to …… …… on the terms stated above
Reasons: ……
……

…… ……
Date **Head of Department**

TO BE COMPLETED BY DIRECTOR OF FINANCE

1. Date of previous advance ……

2. Deductions in respect of previous advances (car/motor/bike/rent) GH¢……

3. Deductions in respect of this application if approved GH¢……..

4. Total deductions ……. GH¢……..

5. I certify that the applicant has/has not been granted salary advance during the last 12 months. Deductions in respect of advances granted to him/her will/will not exceed 50% of his/her monthly basic salary.

RECOMMENDATION: I recommend/do not recommend

REASONS: ……..

……

…… ……
Date **Director of Finance**

TO BE COMPLETED BY VICE CHANCELLOR

I hereby approve/do not approve the grant of an emergency/leave salary advance of

……. to the applicant on the terms stated.

REASONS: ……...

……

……. ……
Date **Vice Chancellor**

……
Signature of receiver