

# 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**

Personalised service,  
positive outcomes

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.

## **Responsibilities**

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 his/her 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.

**WHEATLEY CARE**  
**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 \_\_\_\_\_

AREA CARE MANAGER / HEAD OF CARE / SECTION HEAD AUTHORISATION

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REPAYMENT TO BE COMPLETED BY \_\_\_\_\_

**WHEATLEY CARE 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/Loretto  
Care to deduct \_\_\_\_\_ from my salary beginning on the  
\_\_\_\_\_

This deduction will continue for \_\_\_\_\_ months and will end on

I also authorise Wheatley Care to deduct any bank  
charges relating to this advance from my salary on the \_\_\_\_\_

EMPLOYEE NAME (BLOCK CAPITALS) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AREA CARE MANAGER / HEAD OF CARE/ SECTION HEAD AUTHORISATION**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_