



Standing Rock Sioux Tribe Form

STANDING ROCK SIOUX TRIBE SALARY LOAN AUTHORIZATION

REQUESTOR: _____ DATE: _____

MAILING ADDRESS: _____

PROGRAM: _____ JOB TITLE: _____

AMOUNT OF REQUEST: \$ _____ DATE NEEDED: _____

PURPOSE OF SALARY LOAN: _____

TERMS OF REPAYMENT: _____

REQUESTOR: _____ CONCURRED: _____
(Signature of Requesting Person) (Program Director)

TO BE COMPLETED BY PAYROLL DEPARTMENT:

ANNUAL LEAVE AVAILABLE: _____ HOURS G/L LOAN ACCOUNT
CODING:

BUDGET AVAILABLE: YES: _____ NO: _____

EXISTING LOAN: YES: _____ NO: _____

VERIFIED BY: _____
(Payroll Supervisor)