

EMPLOYEE FINANCIAL SUPPORT FORM

This form is not applicable for employees under probation period. Filling in this form does not guarantee an approval of the request as it is not the policy of CMC Group to grant all advances, the approval will be based on individual merits. No advances will be paid if the employee did not clear their previously taken advance payment. If the request has been approved, the same amount will be deducted from one month's pay; Agreed installments will be deducted continuously and cannot be postponed.

Personnel Details		Employee ID
Name _____	Date _____	
Designation _____	Department _____	
Visa Facility _____	Working Facility- _____	
Type of Support ☐ Salary Advance ☐ Loan ☐ Others, _____		
Amount Requested		
Amount Required _____ Amount required (in words) _____		
No. of installments _____ Monthly installment _____ from _____ month		
Reason for financial request: _____		
Requestor Sign & Date: _____		HOD Name: _____
HOD Sign & Date: _____		
FOR OFFICIAL USE ONLY (ACCOUNTS RECEIVABLES)		
Outstanding details: ☐ YES, _____ ☐ NO		
Receivables Signature: _____		Date: __/__/__
FOR OFFICIAL USE ONLY (HUMAN RESOURCE DEPARTMENT)		
Eligible: ☐ YES ☐ NO, _____		
Joining date: _____		Visa Expiry Date: _____
Monthly Remuneration: _____		Job continuation remarks: _____
☐ Approved, AED _____ ☐ Rejected ☐ On Hold		
Remarks: _____		
Verifier's Signature: _____		Date: __/__/__
Admin. Manager's Signature: _____		Date: __/__/__
FOR OFFICIAL USE ONLY (FINANCE DEPARTMENT)		
Guarantee Received: ☐ Trust Receipt ☐ Cheque Covered in EOSB: ☐ YES ☐ NO, _____		
☐ Approved, Ref. No _____ ☐ Rejected		
Amount (in figures) _____		Amount (in words) _____
Payables Signature: _____		Date: __/__/__
Receivables Signature: _____		Date: __/__/__
Manager Signature: _____		Date: __/__/__