



Private Bag X8
Brixton
2019

Tel: (+27 11) 726 - 5206

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<https://www.nrc.co.za/>

SALARY ADVANCE FORM

Employee Details:

Employee Name: _____ Department: _____

Employee No: _____ Amount: _____

Details of any other extraordinary deductions: _____

Reason for advance: _____

I apply for the abovementioned salary advance and authorise National Renal Care to deduct the loan repayments from my Salary as follows:

If for any reason my services with the Hospital are terminated whilst there is still a balance on this advance owing, I then authorise the Company to deduct the full balance from any monies due to me.

Date: _____

Signature: _____

Recommended:

(Unit Manager/Department head)

Date

In accordance with Policy:

(Human Resources department)

Date

Approved:

(FINANCIAL DIRECTOR)

Date

OFFICE USE ONLY



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ACKNOWLEDGMENT OF DEBT

Employee Details:

Employee Name: _____ Department: _____

Employee No: _____ Amount: _____

This is to certify that I _____ have received
an R _____ salary advance from National Renal Care.

I hereby authorise National Renal Care to deduct the advance from my Salary as follows:
_____ or, at the sole discretion of the
Manager, or, should I leave National Renal Care in whatsoever manner.

I understand that, as the granting of salary advances has been suspended/cancelled, this is
a special concession by Directors and Management.

This advance must be kept in the strictest of CONFIDENCE.

Signature Employee

Date

Signature Witness

Date