

**THE WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION**

**REQUEST FOR SALARY ADVANCE**

**MOONLIGHTING INSURANCE**

I hereby request a salary advance of \$ \_\_\_\_\_ to cover the cost of the annual premium (invoice attached) for professional liability insurance required for me to engage in moonlighting activities. I hereby authorize WCGME to withhold the sum of \$ \_\_\_\_\_ from each of my next \_\_\_\_\_ payroll deposits in order to repay this advance.

In the event I should terminate my employment with WCGME, I understand that the unpaid portion of this salary advance is payable in full within a period of 30 days. I also understand that, in the event the professional liability insurance policy is cancelled and a portion of the premium is refunded, the unpaid balance of the salary advance is payable in full within a period of 30 days.

My current contract:

Starting date: \_\_\_\_\_

Ending date: \_\_\_\_\_

\_\_\_\_\_  
(Resident's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Resident's printed name)

Approved by: \_\_\_\_\_  
(Program Director's Signature) (Date)

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Approved by: \_\_\_\_\_  
(Chief Operating Officer) (Date)  
WCGME

Check No: \_\_\_\_\_ issued: \_\_\_\_\_  
(Date)