

THE WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION

**REQUEST FOR SALARY ADVANCE
FOR RELOCATION EXPENSES**

I hereby request a salary advance of \$ _____ (maximum \$2,000) to assist in paying expenses incurred in preparing to enter my WCGME residency training program. I hereby authorize WCGME to withhold the sum of \$ _____ from each of my next * _____ payroll deposits in order to repay this salary advance. I understand that the unpaid balance may be repaid in full at anytime.

In the event I should terminate my employment with WCGME before this salary advance is fully repaid, I understand that the unpaid portion is due and payable in full within a period of thirty calendar days. I understand that if the unpaid portion of the salary advance is not fully repaid within thirty days, WCGME may assign, transfer or sell the balance due to an assignee of their choice. The assignee may choose to charge interest, attorney fees and court costs permitted by state statute in collecting the balance due.

My current contract:

Starting date: _____

Ending date: _____

(Resident's signature)

(date)

(Resident's name printed)

*Will be completed by WCGME office (must be repaid during first 12 months of employment – maximum of 25 payroll deposits)

Approved by: _____

Chief Operating Officer
WCGME

(date)

Check No: _____ Issued _____

(date)