

OFFICE USE ONLY
ER #1: _____
ER #2: _____
Travel: _____



Early Check Release

Employee Name: _____

Job Title: _____ Department: _____

I will not be working on _____ (leave slip/travel request attached) therefore,
mm/dd/yy
 I am requesting my payroll check be release on _____ .
mm/dd/yy

Early Releases will only be processed on non-payroll Fridays

I understand that **this form is to be submitted to the Finance Department/Payroll by noon on non-payroll week Wednesday**. A time sheet/card and leave slip must be attached to this form documenting work day(s) off. I must be absent on the entire week preceding payroll Friday to be eligible to receive an Early Release. Also, all regular hours must be worked, before the check can be released. For absences due to travel/training on Tribal business, this form will have a copy of the fully approved training request. Early checks will be issued according to the Finance Department’s standard operating procedures as stated under the most recent revision of the “Payroll Policies/Procedures.” I can find the payroll policy [online](#) at the Tulalip Tribes website.

This form must be time and date stamped before it is turned into payroll. However, I understand that this request is not considered valid as received unless it is completed, fully authorized and has all required leave slips/backup attached.

I further understand that if payroll inadvertently generates another check for me on the regular payroll run for the same days covered on this early check release and I do not report it to payroll, it will be considered theft and disciplinary action, up to termination, will ensue.

The days requested on this leave form must to be taken off. (By requesting an early release check, the day (days) requested on my form, for which I am being compensated for in my early release check is (are) required to be taken off and I will not be allowed to receive credit for that day (those days.) If I show up at my work site on that day (those days) off I will be sent home.

Employee Signature	Date	Phone Number
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The signature below certifies authorization:

Executive Director Signature	Date	Phone Number
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