INDEPENDENT SCHOOL DISTRICT 624

TEACHER HRA ADVANCE FUNDING REQUEST

Please read and complete the information below. The HRA advance dollars cannot be transferred to your account until this form is signed, dated and returned to the Human Resources Office.

Due to financial hardship, I am requesting a current year advance of my HRA contribution equal to or more than my quarterly contributions – enough to cover the project deficit in my HRA account but no greater than the annual employer contribution.

I acknowledge that White Bear Lake Public Schools, as my employer, makes a quarterly contribution to my HRA and with this request that I, as an employee of White Bear Lake Public Schools, am indebted to repay all or part of my advance request in the event that my employment with White Bear Lake Public Schools is terminated for any reason other than death. Upon my termination of employment, I agree to repay the indebtedness in an amount determined by subtracting from the employer's contribution for that year the employer's contribution for any quarter that I received advanced funds and was not employed. I understand that this amount will be subtracted from my last compensation check if other arrangements are not made.

Advance amount requested: _____

Signature: _____

Printed Name: _____

Date: _____

- ***Please note that the <u>minimum</u> you can request for an HRA advance is $250.00.***