

UNIVERSITY of WISCONSIN  
**GREEN BAY**

**SALARY ADVANCE REQUEST  
(USE OF THIS FORM IS STRICTLY FOR NEW EMPLOYEES)**

Employee Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Area Leader Approval:**

Amount Requested and Justification for Salary Advance:

Area Leader Signature \_\_\_\_\_

Agency Account Number \_\_\_\_\_

**Controller Approval:**

Next Scheduled Payroll Date \_\_\_\_\_

\_\_\_\_\_  
Controller (or designated representative) Signature

I hereby acknowledge receipt of \$ \_\_\_\_\_ from the University of Wisconsin-Green Bay Agency Account. I agree to repay this salary advance with cash or a check made payable to the **UW-Green Bay Agency Account** on or before \_\_\_\_\_ (date).

Employee Signature \_\_\_\_\_

Bursar Office Use: Route copy of completed form to Business and Finance Office.

Agency Check #	Date Issued	Repayment Date	Cashier
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