

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