**SALARY ADVANCE REQUEST**

**(Use of this form is strictly for new employees)**

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| **EMPLOYEE INFORMATION** |
| Employee Name: |  |
| Date: |  |
| Department: |  |
| Work Phone Number: |  |
|  |
| **AREA LEADER APPROVAL** |
| Amount Requested: | **$** |
| Justification for Salary Advance: |  |
| Area Leader Signature: |  |
| Agency Account Number: |  |
|  |
| **CONTROLLER APPROVAL:** |
| Next Scheduled Payroll Date: |  |
| Controller Signature: *(or designated representative)*  |  |

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:  |  |

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| Busar Office Use: Route copy of completed form to Business and Finance Office. |
| Agency Check # |  |
| Date Issued: |  |
| Repayment Date: |  |
| Cashier |  |