**SALARY ADVANCE REQUEST**

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

|  |  |
| --- | --- |
| **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: |  |

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