SAFLARY ADVANCE REQUEST & PAYROLL DEDUCTION AUTHORIZATION FORM

Only new unclassified appointees are eligible. Classified and student hourly appointments are not eligible.

Name (please print): ____________________________________________________________ Email Address: ____________________________________________________________

UWM Start Date & Pay Basis: ___________________________________________________________________________________________________

Appointment Title: _________________________________________________________________________________________________________

I request a salary advance of: $________________________ (Advance can be a maximum of 35% of one month’s gross pay.)

Note: Salary Advance Requests cannot be processed until all hire paperwork has been received by the Department of Human Resources.

I authorize a Payroll Deduction (equal to the payroll advance I have requested) to be taken from my first payroll check and any subsequent payroll checks, if necessary. If my appointment with the University terminates before full repayment of the advance, I understand that any unpaid balance will be due immediately and is payable to the University of Wisconsin - Milwaukee. It is the appointee's responsibility to have the bottom section of this form endorsed and completed by their department(s).

PRIVACY NOTICE
As an institution of higher learning, the University of Wisconsin—Milwaukee (UWM)’s duties extend beyond offering degree programs. UWM supports activities designed to promote the economic development of the community, provides hands-on learning opportunities for its students, and makes numerous support services available for its students, employees and community members. One such service is the UWM salary advance service, which you are presently using. In the course of making this service available to you, we must collect certain information about you. This notice of our privacy policy is meant to assure you of our commitment to maintaining the confidentiality of this information. It explains how we may collect this information, the type of information we collect, and what information we may disclose about you.

THE INFORMATION WE MAY COLLECT
In conjunction with this transaction, we may collect your UWM identification number, social security number, name, position title, the name of your employing unit, and the amount of the salary advance you have requested.

HOW YOUR INFORMATION IS PROTECTED
We restrict access to nonpublic financial information to those State of Wisconsin employees who have a need to access such information (e.g., employees in the UW-System Processing Center, which processes salary advances). Additionally, we maintain physical and electronic safeguards that comply with federal and state laws and UWM policies to protect your financial information.

INFORMATION WE MAY DISCLOSE
In the course of conducting our business, we occasionally must disclose the information we collect about you. These disclosures are only made as permitted or required by law. For instance, we may disclose financial information to organizations that perform services or functions on our behalf, such as banking services, or to government authorities.

Appointee's Signature: ______________________________________ Date: ____________

IMPORTANT INFORMATION
1. Return completed form to Department of Human Resources, Engelmann Hall room 125.
2. Salary Advance Checks picked up in the Department of Human Resources, Engelmann Hall room125.
   (Hours: Monday –Friday, 7:45 am – 4:30 pm)
3. Checks will Not be sent to individual departments.
4. The amount of the payroll advance will be deducted from your first regular payroll check and any subsequent payroll checks, if necessary.

ENDORSEMENT INSTRUCTION
This form must be completed and endorsed by all departments and schools/colleges from which the appointee receives payment. Incomplete forms will not be processed. Once completed, send this form to Department of Human Resources, room 125.

THIS SECTION TO BE COMPLETED BY EMPLOYING DEPARTMENT:

Appointee’s gross pay for the period: __________________________ Employee ID of Appointee: __________________________

Department: __________________________ UDDS: __________________________ Phone: __________________________

School/College Signature: __________________________ Date: ____________

Departmental Signature: __________________________ Date: ____________

Revised 08/24/12