

UW-MILWAUKEE PAYROLL ADVANCE REQUEST & PAYROLL DEDUCTION AUTHORIZATION FORM

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

Name (Please Print): _____

UWM Start Date & Pay Basis (Annual or Academic): _____

Email Address: _____

Appointment Title (i.e. Professor): _____

I request a pay advance of: \$ _____ **(Advance can be a maximum of 35% of one month's gross pay.)**

I authorize a Payroll Deduction (equal to the payroll advance I have requested) to be taken from my first payroll check. If sufficient money from my first payroll check is not available to repay the advance, after mandatory deductions are taken, the maximum amount possible will be deducted for repayment. Maximum amounts will continue to be deducted from subsequent payroll checks until the payroll advance is completely repaid.

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.

If you have any questions concerning this Privacy Notice, please contact the Payroll Office at (414) 229-5804.

Appointee's signature: _____ **Date:** _____

IMPORTANT INFORMATION

1. Return completed form to UW-Milwaukee Payroll Office, Engelmann Hall, Room 170.
2. **Salary Advance Checks must be picked up at UW-Milwaukee Payroll Office in Engelmann Hall, Room 170** (Hours: Monday – Friday, 7:45 am – 4:30 pm)
3. Checks will *Not* be mailed or deposited to financial institutions.
4. Checks will *Not* be sent to individual departments.
5. 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 UW-Milwaukee Payroll Office, Engelmann Hall, Room 170.

THIS SECTION TO BE COMPLETED BY EMPLOYING DEPARTMENT:

Appointee's gross pay for the period: _____ **Person ID of Appointee:** _____

Department: _____ **Org :** B **Phone:** _____

School/College Signature: _____ **Date:** _____

Departmental Signature: _____ **Date:** _____