



REQUEST FOR PAYROLL ADVANCE CHECK
University of Maryland, Baltimore

Department Request- Please authorize the issuance of a Payroll Advance Check for:

Employee Name:		Dept Code:	
Empl ID:		Dept Name:	

Pay Period (FY-PP):	From Date:	To Date:	Amount Due:
Total Amount Due			
New Hires-Amount to be Paid (50%)			
Other than New Hire- Amount to be paid (attach calculation)			

Reason:

Contact when check is ready:		Requested by Signature:	
Phone extension:		Requested by (Print Name):	
Date Requested:		Title:	

Employee Agreement:

I, _____, understand that the University of Maryland, Baltimore (UMB) will recover \$ _____ by payroll deduction from my payroll check to be issued on _____ and do hereby acknowledge my obligation to UMB for this amount if, for any reason, my services to UMB should terminate so that the above payroll deduction cannot be made.

Department Witness Signature / Date	Employee Signature / Date

Financial Services use:

Approved by:		W. F. Check#:	
Date approved:		Check Date:	
Received by:		Check Amount:	
Date received:		Processed by:	
Plan Type:	General Deduction	Ded Code/Class:	87 / A
Entered in eUMB by:		Date Entered in eUMB:	