

**THE UNIVERSITY OF CHICAGO
MONTHLY SALARY/VACATION ADVANCE REQUEST**

UPP 191 12/2009

Employee's ID Number	NAME: Last	First	MI
Title		Department Name	
Check Delivery Code		Building and Room Number	
Special Check Delivery Instructions			
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Unless given special check delivery instructions, all advances will be held at the Bursar's Office under the check delivery code indicated above			

VACATION ADVANCE SECTION

Date of Vacation: _____ to _____ For \$ _____

EMERGENCY SALARY ADVANCE SECTION

Emergency Amount Requested: \$ _____

Reason for Emergency Advance: _____

I understand and agree that the full amount of money advanced will be deducted from my next pay check and I authorize the University to make such a deduction.

Requested by: _____
EMPLOYEE'S SIGNATURE
DATE

Explanation: _____
Necessary when above signature cannot be obtained

APPROVALS

Department Contact Re: This Form	Phone	Supervisor	Date
Department Head/Dean/Administrator	Date	Payroll processed by	Date

This form is used to request a vacation or emergency advance of salary for a faculty member or regular staff employee paid on the monthly payroll.

1. Enter the information requested on the form.
2. Complete **either** the section for vacation advance or emergency salary advance.
3. Include where the check should be delivered in the Special Check Delivery Instructions area on the top section of the form, otherwise the check will be sent through Faculty Exchange mail.
4. This form should be received in Financial Services - Payroll Department **10 WORKING DAYS PRIOR TO THE DATE THE CHECK IS TO BE DELIVERED.**
5. An emergency salary advance cannot be processed unless the appropriate Payroll/Personnel forms have been received and processed.

Since this is a single part form, the *original* must be forwarded to Financial Services - Payroll Department. The Division/Department is required to photocopy any additional copies which are needed for their use.