



# University of Alaska

## Salary Advance Request

MAU/Major Administrative Unit (circle one)				Check Distribution
UAA	UAF	UAS	SW	
Last Name		First	M.	
Employee ID			Work Phone	

The University of Alaska does not allow salary advances except in cases of family emergency due to sickness, or death in the family. The maximum salary advance is 55% of net pay.

**Employees:** Complete this section and have supervisor authorize the request. Send the completed, authorized form to the Payroll office with a copy of your completed, approved time sheet.

I request a salary advance in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % of my net pay based on the hours to be paid for the pay period ending \_\_\_\_\_ .

Explanation of family or medical emergency (a brief statement regarding sickness, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If approved, I understand that the dollar amount advanced will be withheld from my next paycheck.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Calculation: \_\_\_\_\_  
 \_\_\_\_\_

### PDADEN

Dedn	Beg Date	End Date	Amount:	Goal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PHAADJT

Year (calendar)	Pay ID	Pay No	Seq No	Adjustment Action	History Date	Posting Date
<input type="text"/>	<b>BW</b>	<input type="text"/>	<b>1</b>	<input type="checkbox"/> M = Manual <input type="checkbox"/> B = Balance <input type="checkbox"/> A = Approve <input type="checkbox"/> 70 Disp = Done	<input type="text"/>	<input type="text"/>
				(run date)	(run date)	

Calc Method	Print Method	Gross	Net
<b>Manual</b>	<b>Manual</b>	<b>0</b>	<input type="text"/>

Position	Suffix	Eff Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PHAADJT (PHCDEDN)

Ded	Emp Amt	Empr Amt	Appl Gross
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PHAADJT

Document Number	Priority
<input type="text"/>	<input type="text"/>

Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_