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|--|---|--|
| Date: _____ | | DD-MON-YYYY |
| Employee Information | | |
| Name - Last, First, MI: _____ | | <b style="text-align: center;">Special Handling <input type="checkbox"/> Hold for Pickup <input type="checkbox"/> Send to Home Address |
| Home Address: _____ | | |
| City: _____ | State: ____ Zip: _____ | |
| Department: _____ | | |
| UPI or Employee ID #: _____ | | |
| Phone: _____ | | |
| Advance Information | | |
| <input type="checkbox"/> Salary Advance | Reason for the Advance: _____ | Date Needed By: _____ DD-MON-YYYY |
| _____ | | Total Amount Requested: _____ |
| _____ | | |
| _____ | | |
| <input type="checkbox"/> Vacation Advance | Vacation Period - From: _____ To: _____ | |
| | DD-MON-YYYY DD-MON-YYYY | |
| Signatures and Authorization | | |
| Prepared by: _____ | | Phone: _____ |
| Authorizer's Name: _____ | | Phone: _____ |
| Department: _____ | | |
| Employee (Payee): I authorize the advance to be deducted from my paycheck. It is my intent to remain in the University employ until such time. I do not have any outstanding payroll advance. | Authorizer: I certify that I have found the information associated with this advance request in compliance with both Yale policies and procedures, and the policies of any sponsoring agencies funding these activities, and hereby authorize payment. | Exceptions: Exceptions to University policies require approval by the appropriate corporation officer or designee. |
| Signature: _____ | Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ | Date: _____ |
| For Payroll Use Only | | |
| Received By /Date: _____ | | |
| Approved By/Date: _____ | | |

Return to the Employee Service Center by fax: 432-5153, or hand deliver to 221 Whitney Avenue.