

**UNIVERSITY OF MARYLAND COLLEGE PARK CAMPUS
APPLICATION FOR EMPLOYEE ADVANCE**

D/OE 87 Date _____

NAME UID _____

Amount Acct. to be Charged _____

Reason for Advance _____

Please contact (name) when check is ready: _____ Ext. _____

Dept.: _____

Authorized Signature: _____

Typed Name: _____ Date: _____

Approved: Comptroller's Office: _____

Date: _____

UNIVERSITY OF MARYLAND COLLEGE PARK CAMPUS

**Authorization for Payroll Deduction
Recovery of Employee Advance**

I.D.	D/OE Code	UID	FI	MI	Last Name	Amount
01	87					

I understand that the University of Maryland will recover this advance payroll deduction from my payroll check to be issued on (Date), and do hereby acknowledge my obligation to the University of Maryland for the above amount if, for any reason, the above payroll deduction cannot be made.

EMPLOYEE SIGNATURE

W.F. Check No. _____ Check Date: _____ Amount:\$ _____

Received By: _____

Date: _____

All copies to Working Fund remain in Pavroll as "office of record".

Employee Pay Advance and Recovery Overview and Process (College Park Campus)

Overview:

A pay advance is requested only if an employee has not received all of the wages they are due on a specific payday. It is considered a "loan" on the amount of money due to the employee and will be recovered from the employee's next paycheck. The request for a pay advance can be submitted the week of payday but the Working Fund will not process until payday. Day 10 of the current pay period is the last day a pay advance may be requested to insure that it is recovered from the next paycheck. (In a pay period where deadlines are shortened, the pay advance request must be made by Day 9 of the current pay period.) Typically, the maximum amount that can be requested is 60% of the gross amount due to the employee; the amount requested must be in whole dollars (no cents). The pay advance is untaxed.

The Application for Employee Advance Form is on the PHR website at: <https://uhr.umd.edu/uhr-support-center/phr-support/phr-resources/phr-forms/>. Effective July 1, 2016, you should no longer use the 3-part carbon form.

Pay advances are provided either by live check or direct deposit. Live checks will only be available for pick up on the Monday morning following the request.

The Pay Advance Form, Working Fund Direct Deposit Authorization Form (if applicable), and a PHR screen shot of the pay adjustment (for 100% of the gross amount due the employee) should be sent to Payroll Services by 1:00 p.m on Day 4 through Day 10.

A payroll advance is generally not used in the following situations:

- When the employee did not sign their timesheet; or it did not get approved by the deadline.
- When it is the last pay for an employee.
- When it is for overtime only.
- If it is a one-time payment only [non-standard payment.]

Process:

1. The Department recognizes that an employee is not going to be paid on payday and that they are due wages (e.g. due to an appointment being entered late in PHR.). The employee must request a pay advance check.
2. There must be an approved PHR appointment with appointment dates that include the pay period for which the advance is requested, prior to requesting the pay advance check.
3. The Department creates and approves a pay adjustment for the total amount due to the employee on that payday; time entry/time sheets must be approved by the supervisor prior to requesting a pay advance; if not approved, the pay advance cannot be given.
4. The Department completes the electronic Pay Advance Form for 60% of the total gross amount due to the employee; this amount must be in whole dollars (no cents). The employee must sign the Pay Advance Form.
5. The employee must complete and sign the Working Fund Direct Deposit form. The Department should scan and email the completed/signed Pay Advance Form, Working Fund direct deposit form, and a screen shot of the approved pay adjustment, to payrollservices@umd.edu. **Make sure to indicate it is a Pay Advance in the Subject line.**
6. Payroll Services verifies the PHR appointment, the pay adjustment amount and the accuracy of the Pay Advance Form then initials it prior to delivery to the Working Fund Office.
7. Payroll Services will enter the amount of the pay advance request and notes, on the PHR Payroll Advance Recovery screen. This ensures the amount is recovered the following payday.
8. Payroll Services will forward the following to the Working Fund Office:
 - Application for Employee Advance Form [signed by the employee]
 - Copy of approved Pay Adjustment Screen.
 - Copy of Pay Advance Recovery Screen.
 - Copy of Working Fund Direct Deposit Form
9. The Working Fund Office processes the request and a direct deposit will be made within 1 - 3 business days. Live checks will be available on Monday mornings only.
10. The Working Fund Office returns all paperwork to Payroll Services for archival purposes; Payroll Services is the office-of-record for pay advances.

Fund Custodian/Payee Name _____

IRB Number/TRIP Number (If applicable) _____



Working Fund Authorization for Direct Deposit via ACH

Direct Deposit via ACH is for the deposit of funds to a consumer's account for payroll advances, travel per diem advances and/or research participant payments processed through **University of Maryland, College Park Working Fund ("UMCP WF")**.

I hereby authorize **UMCP WF** to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits) as follows:

Select One: Checking Account Savings Account

at the depository financial institution named below ("Depository"). I agree that ACH transactions I authorize comply with all applicable law.

Depository Bank Name: _____

Depository Bank Address: _____

Routing Number: _____

Account Number: _____

Name on the Account: _____

TO VERIFY ACCOUNT INFORMATION, PLEASE ATTACH VOIDED CHECK OR OTHER APPROPRIATE DOCUMENTATION TO THIS FORM

I understand that this authorization will remain in full force and effect until I notify UMCP WF in writing that I wish to revoke this authorization. I understand that UMCP WF requires at least one week prior notice in order to cancel this authorization.

Signature _____

Date _____

Phone Number _____