

Payroll Advance Procedures & Guidelines

A pay advance can be requested by a departmental payroll representative when an employee has not been paid due to an administrative error. The most common administrative errors occur when a new employee begins working before the scheduled submission date for payroll processing or the department inadvertently omits pay data in time entry.

The departmental representative should first carefully review the Preliminary Gross Pay report for any errors, discrepancies, or missing pay. Payroll sends notification that the Preliminary Gross Pay Report is available for review two days after time entry closes. If there is an error, you may submit a Time Entry Correction form to resolve it. The deadlines for each pay cycle are sent in the Preliminary Gross Pay email.

Once Payroll has been finalized, Payroll sends notification that the Final Gross Pay report is available. This report represents the employee's actual pay.

Procedures

Once you have discovered that an employee has not been paid you should notify the employee of the situation. If a Payroll Advance is requested by the employee, a pay advance request may be completed.

- Print & complete the Payroll Advance packet
- Bring the packets to HR – Payroll for Approval

The pay advance request must be submitted by 5:00 PM the Thursday prior to pay day, unless otherwise instructed, in order to guarantee the employee a check on pay day. If the paperwork is submitted after that time, Financial Services will process the check as soon as possible but is not guaranteed to be available on pay day.

A new employee may receive 75% gross pay. An existing employee may receive the net amount if there is paycheck history to support the net amount requested. Pay advances will not be issued to employees submitting late time sheets (hourly employees), or for new employee who have not submitted new hire supporting documents in a timely manner.

Payroll will process the gross amount due in the following pay cycle and recover the amount paid in the payroll advance. If for any reason the recovery does not occur, the employee is required to pay the recovery amount by check.

Financial Services will contact the employee when the check is available for pick-up. The employee is the only person authorized to pick up the check from Financial Services with proper picture identification. If the employee does not pick-up their check as required, the check will be void and the employee will be paid the money due in the next pay cycle.

Hourly Employees— Pay Advance Request will not be approved for submission of late time sheets.

If you have questions about completing the forms, contact the HR front desk and you will be routed to an available Payroll Representative.



An Honors University in Maryland

Request for Employee Advance Check

University of Maryland, Baltimore County

Instructions:

Form must be typed.

Attach supporting document (Payroll Adjustment form for the retro active amount due).

Completed form must first be approved by HR Payroll.

SECTION 1

Department Request: Please authorize the following employee a payroll advance check:

Employee Name:	
Empl ID/Rcd#:	
Payroll Period (FY-PP):	
Dept. Name & Code:	

For the missed pay cycle, a new employee may be advanced 75% of the gross retro active amount that is due for the current paycheck.

Other:

Please contact when check is ready: _____ **Phone extension** _____

Department Approval: _____ **Date:** _____

HR Payroll Approval: _____ **Date:** _____

SECTION 2**Employee Agreement:**

I, _____, understand that the University of Maryland, Baltimore County, (UMBC) will recover \$ _____, by payroll deduction from my payroll check to be issued on _____. I hereby acknowledge that I'm responsible to make payment, if for any reason a payroll deduction cannot be made, this also includes termination.

Employee Signature: _____ Date: _____

Financial Services:

FS Approval:		W.F. Check #:	
Check Amount:		Check Date:	

HR/Payroll:

HR/PR Entered:		Date Entered:	
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Payroll Adjustment Form
University of Maryland, Baltimore County

This form should be used to submit payment adjustments for specific types of earnings that require authorization and/or verification by HR- Payroll.

Employee Name		Pay Period	
Empl ID/Record #	/	Service Dates	
Position #		Payroll Contact	
Bi-weekly Salary		Contact Phone	
Tax Period Segmentation		Department ID/Name	

ADJUSTMENTS TO BENEFIT ELIGIBLE POSITIONS					
Check	Type of Pay	Description	Earnings Code	Amount	Hours
<input type="checkbox"/>	Regular Pay Adjustment	Retirement Eligible adjustment (Ex. retroactive increase, new hire, contract payout for retirement eligible earnings)	RAJ		
<input type="checkbox"/>	Final Leave Payout	Employee is terminating or changing status (Can't be paid with other payroll earnings)	LV1		
<input type="checkbox"/>	Accident Pay	Employee on work related injury for less than 6 months	ACC		
<input type="checkbox"/>	Accident Pay	Employee on work related injury for greater than 6 months	ACE		
<input type="checkbox"/>	Additional Pay	Additional pay (Benefit eligible position) ex. Faculty Special Pay	ADL		

ADJUSTMENTS TO NON-BENEFIT ELIGIBLE POSITIONS				
Check	Type of Pay	Description	Earnings Code	Amount
<input type="checkbox"/>	Prior Pay Period Adjustments	New hire/Pay not entered in Time Entry (Hrly or contingent employee)	REG *	
<input type="checkbox"/>	Adjustment to Regular Pay	Positive Adjustment to Pay (non-benefit eligible position) ex. Summer, winter, flat pay	ADJ *	

Description:

Preparer: _____ **Print** _____ **Sign** _____ **Date** _____

Approver: _____ **Print** _____ **Sign** _____ **Date** _____

Payroll Use ONLY

<input type="checkbox"/> 000087	Advance Recovery	\$ _____
Payroll Authorization _____		Date _____

* These actions should be done in Time Entry unless Pay Segmentation is required. Refer to Pay Segmentation Practice for details.

UNIVERSITY OF MARYLAND BALTIMORE COUNTY

WORKING FUND CHECK REQUEST

SUBMIT COMPLETED FORM TO THE FINANCIAL SERVICES DEPARTMENT
ACCOUNTS PAYABLE SECTION

DATE SUBMITTED: _____

Department: _____

DATE REQUIRED	PAYEE	REASON	AMOUNT

Contact: _____

Extension: _____ You will be called when the check is ready.

DISTRIBUTION OF CHARGES									
AMOUNT	FUND	DEPT	P-FIN	ACCOUNT	P-OPR	PROJECT	ACTIVITY	R-TYPE	R-CAT

Approvals: Signature and Date Signed

Preparer/Certifier	Dept. Approval	Financial Svcs Approval	Procurement Approval
Date: _____	Date: _____	Date: _____	Date: _____

Contact Name/Department Name:	Contact Phone Number:

- INSTRUCTIONS:**
- Form must be typed.
 - Attach original plus one copy of invoice(s).
 - All forms must be clocked in when brought to the accounting office.
 - DATE REQUIRED must be filled in with a specific date.
 - Allow at least two (2) working days from the clock-in date for check to be issued.