



Request for Draw Form

Date: _____

Employee's Name: _____ Phone #: _____

I REQUEST A DRAW ON MY WAGES FOR _____ HOURS EARNED.

Reason:

Employee Number: _____ Date of Last Draw: _____

Payroll Clerk's Initials: _____

I further understand that if payroll inadvertently generates another check on our regular payroll run for the same days covered on this draw and I accept and cash the erroneous check and don't report it to payroll, it will be considered theft and disciplinary action, up to termination, will ensue.

Employee Signature

Date

Immediate Supervisor Signature

Date

Executive Director Signature

Date

DRAWS WILL ONLY BE DONE ON NON-PAYROLL FRIDAYS.
Draws due by Thursday at 10:00 AM