

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Personnel Services

MID-MONTH DRAW

DATE: _____

TO: Payroll

FROM: _____ (print name)

RE: Mid-Month Draw

I would like to receive/change/cancel my mid-month draw effective _____.

My employee identification number is _____.

- ☐ I would like to receive a mid-month draw of \$_____.
(Amount can be no larger the 1/3 of your gross monthly salary)
- ☐ Please increase my mid-month draw to \$_____.
(Amount can be no larger the 1/3 of your gross monthly salary)
- ☐ Please decrease my mid-month draw to \$_____.
- ☐ Please cancel my mid-month draw.

My signature below confirms that I understand that:

- I must be hired prior to the 16th of the month to receive a draw for the first month.
- For school session, 10, and 10.5 month employees, there will be NO mid-month draw in the month of June.
- The district may cancel my mid-month draw in the event that my earnings are reduced for any reason.
- If the mid-month draw is cancelled for any reason, I must complete a new form to reinstate the midmonth draw.

SIGNATURE

Date