

GARDEN GROVE UNIFIED SCHOOL DISTRICT

MID-MONTH DRAW

DATE: _____

TO: Payroll

FROM: _____

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 \$_____.
- Please increase my mid-month draw to \$_____.
- Please decrease my mid-month draw to \$_____.
- Please cancel my mid-month draw.

I understand that I must be hired prior to the 16th of the month to receive a draw for the first month. I further understand that the district may cancel my mid-month draw in the event that my earnings are reduced for any reason.

Signature

Date