



UNIVERSITY *of*
Western States

Effective Date: _____

NAME: _____
Please print

NEW CHANGE

I request a mid-cycle draw on my salary in the amount of:

\$ _____ (Amount)

(Draws shall not exceed 40% of gross monthly salary)

Stop my mid-cycle draw effective _____.

Draws shall not exceed 40% of gross monthly salary earned for the month. Please note that this may mean a reduced draw during periods of extended unpaid leave.

Signature

Date