



# Professional Faculty Work Share Draw Request Form

This form is used only to request a payroll draw for Professional Faculty who are joining the Work Share program.  
There is a separate form used to request Emergency Payroll Draws, not related to Work Share.

**Employee Name:** \_\_\_\_\_ **OSU ID Number:** \_\_\_\_\_

Department Name: \_\_\_\_\_ Employee Position Number: \_\_\_\_\_

By signing this form I am authorizing the release of a payroll draw and understand the following:

- The draw can be up to 60% of my earnings for the two week period that my pay will be shorted due to the transition
- The draw will be added to my normal monthly paycheck for the month of transition if this form is received and approved by the 20<sup>th</sup> of that month. If the form is not received and approved by that date it may be provided as a separate check
- I will have the choice and select an option below for how this draw will be repaid based on those provided below
- If I leave employment with OSU for any reason prior to fully paying back the draw I will owe the remaining balance upon termination

**I request the release of \$**\_\_\_\_\_ **and elect to repay it in the following manner:**

\_\_\_\_\_ All repaid on the last day of the month following the transition

\_\_\_\_\_ Equal Monthly Payments for either \_\_\_ 6 months OR \_\_\_ 12 months commencing on the last day of the second month after the transition month

\_\_\_\_\_ All or part of vacation time to fully or partially offset the employee draw (computation of hours to dollars will be made based on dollars owed divided by the hourly pay rate)

Full amount of draw \_\_\_\_\_ OR # of hours requested \_\_\_\_\_

If only partial amount of the full draw will be offset by vacation leave, please indicate the following for the remaining balance: Equal monthly payments for either \_\_\_ 6 months OR \_\_\_ 12 months

**NOTE:** Draws are a post-tax deduction, and leave is taxable. Due to this complexity, once this request has been approved by ELR and Central Payroll you will receive a confirmation email of the draw amount and your payment plan.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For ELR and Payroll Use Only**

**ELR Review and Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payroll Review and Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payroll Gross wage calculation: # of hours for 2 weeks \_\_\_\_\_ x hourly rate \$ \_\_\_\_\_ x 60% = eligible draw \_\_\_\_\_