



This form is used only to request a payroll draw under the LOA: Alternative to Layoffs. There is a separate form used to request Emergency Payroll Draws under Article 22 Section 1(D).

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 as part of the LOA: Alternatives to Layoff:

- The draw can be up to my regular months' pay.
- The draw will be added to my direct deposit for the month of transition if this form is received and approved by the 20th 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 in the LOA: HRIS Section 2
- 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 ___ 8 months, ___ 12 months, or ___ 24 months commencing on the last day of the second month after the transition month

_____ All or part of vacation and/or compensatory 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)

Type of leave requested: Vacation – full amount of draw _____ OR # of hours requested _____

And/or Comp – full amount of draw _____ OR # of hours requested _____

If only partial amount of the full draw will be offset by leave, please indicate the following for the remaining balance: Equal monthly payments for either ___ 8 months, ___ 12 months, or ___ 24 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:** _____

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 \$ _____ = eligible draw _____