



Alternative Residential Services, Inc.

515 N. Neel St., Bldg. A, Ste. 102, Kennewick, WA 99336
1150 Abadie St. Walla Walla, WA 99362

Payroll Draw Request

Date Draw Requested: _____

Employee's Name: _____ Phone#: _____

Amt. Requested: \$ _____ Draw Needed by: _____

() Emergency () Needed within 72 Hours

Brief explanation of Circumstances for need:

Employee Signature: _____

[Administration Department Only Below this line]

Date: _____

Approved: _____ Denied: _____

Administration Signature: _____

Reason for Denial/Comments:

*Employee Signature (if approved): _____

Date Draw Received: _____ Amount: \$ _____

Payroll draws will be approved on availability of funds