

Extended Pay Plan Authorization

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact payroll@tamug.edu or (979) 845-2779. For Galveston inquiries please contact payroll@tamug.edu or call (409) 740-4837.

INSTRUCTIONS This form allows employees who work less than 12 months a year to extend their pay over 12 months. Employees should complete the form and send to Payroll Services at MS 1261 for the College Station employees. For Galveston employees, please submit as directed below.

Employee Name	UIN
Work Phone	Email
<input type="checkbox"/> Enrollment <p>I authorize Texas A&M University to reduce the net amount of my paycheck by <input type="checkbox"/> 12.5% or <input type="checkbox"/> 25% (check one) for each of the nine months of September through May. I authorize Texas A&M to hold these funds for the purpose of distributing the balance to me in three equal payments of June, July and August. I understand that participation in this plan is not an extension of my employment contract.</p> <p>I understand that having an employment period of less than twelve months is a requirement for my participation in the Plan. I understand that all deductions and federal income tax withholding will be taken on a monthly basis when earned. I recognize my participation in the Plan begins with the first available monthly pay date after I file a properly completed enrollment form with my payroll office, and there are no catch-up provisions for any expired portion of the fiscal year.</p> <p>I understand that I will not receive any interest earnings for these funds.</p> <p>I understand that I may stop my participation at any time, and may elect to receive disbursement either on the next available monthly pay date or during the summer months as scheduled through the Plan. I recognize that, following cancellation, I may not participate in the Plan again until the next fiscal year.</p> <p>I understand that an additional amount will be withheld to offset my out-of-pocket insurance premiums during the summer months.</p>	
<input type="checkbox"/> Cancellation (check one below) <input type="checkbox"/> Pay Plan balance on next available monthly pay date <input type="checkbox"/> Pay during summer months per Plan schedule	

Employee Signature

Date

TAMU—SUBMIT TO:

Payroll Services
General Services Complex, Suite 1201
MS 1261
payroll@tamu.edu
Fax (979) 845-4134

TAMUG —SUBMIT TO:

Payroll Services
Sea Aggie Center, Bldg 3026
Suite 800, Room 807
payroll@tamug.edu
Fax (409) 740-4573

NEED HELP?

College Station--payroll@tamu.edu
(979) 845-2779
Galveston - payroll@tamug.edu
(409) 740-4837