

## PAYROLL SERVICES

### 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 the Payroll office using the information at the bottom of the form.

**INSTRUCTIONS** This form allows employees who work less than 12 months a year to extend their pay over a full 12 months. Employees may also use this form to cancel their enrollment in the Extended Pay Plan by using the Cancellation section below. Employees should complete the form and submit to Payroll Services.

Employee Name	UIN
Work Phone	Email
<input type="checkbox"/> <b>Enrollment</b> <p>I authorize Texas A&amp;M University to reduce the net amount of my paycheck by <input type="checkbox"/> 12.5% or <input type="checkbox"/> 25% (<b>check one</b>) for each of the nine months of September through May. I authorize Texas A&amp;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"/> <b>Cancellation</b> <input type="checkbox"/> Pay during summer months per Plan schedule <b>(Will follow current payment method, i.e. Direct Deposit or Paper Check)</b> <input type="checkbox"/> Pay plan balance on next available monthly pay date <b>Please choose method of payment delivery for balance paid on next available monthly pay date (Direct Deposit is not available for this option)</b> <input type="checkbox"/> Employee will pick up last check in Payroll Services Department <input type="checkbox"/> Last check should be mailed to employee at the address below. Mailing address _____ _____	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<b>TAMU—SUBMIT TO:</b> Payroll Services General Services Complex, Suite 1201 MS 1261 <a href="mailto:payroll@tamug.edu">payroll@tamug.edu</a> Fax (979) 845-4134	<b>TAMUG —SUBMIT TO:</b> Payroll Services <a href="mailto:payroll@tamug.edu">payroll@tamug.edu</a> Fax (979) 845-4134	<b>NEED HELP?</b> College Station-- <a href="mailto:payroll@tamug.edu">payroll@tamug.edu</a> (979) 845-2779 or (979) 845-2778 Galveston - <a href="mailto:payroll@tamug.edu">payroll@tamug.edu</a> (979) 845-2779 or (979) 845-2778
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