

PAYROLL SERVICES

Save for Summer 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 Save for Summer plan by using the Cancellation section below. Employees should complete the form and submit to Payroll Services as noted at the bottom of the form. **Employee Name** UIN Work Phone Email ■ New Enrollment OR Active Participant Update **NEW:** Lauthorize to reduce the net amount of my paycheck by \$ for 9 months 10 months 11 months for the current fiscal year. ACTIVE: I wish to change the amount I reduce the net amount of my check from my earlier choice. I now wish to reduce the net amount of my paycheck by \$ I authorize the above listed System Member to hold these funds for the purpose of distributing the balance to me in equal payments during the summer months not included in my appointment period. I understand that participation in this plan is not an extension of my employment contract. 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 or biweekly basis when earned. I recognize my participation in the plan begins with the first available monthly or biweekly pay date after I file a properly completed enrollment or updated form with my payroll office, and there are no catch-up provisions for any expired portion of the fiscal year. I understand that I will not receive any interest earnings for these funds. I understand that I may stop my participation at any time and may elect to receive disbursement on my next regularly scheduled on-cycle pay date. I recognize that, following cancellation, I may not participate in the plan again until the next fiscal year. ☐ Cancellation Pay plan balance on my next regularly scheduled on-cycle pay date Pay during summer months per Plan schedule (Both options above will follow your payment elections, direct deposit or paper check, as indicated in Workday.)

SUBMIT TO:

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

NEED HELP? payroll@tamu.edu 979-845-2711

Date

Employee Signature