



REQUEST FOR DEFERRED SALARY DISTRIBUTION (CONVERT 9 MONTHS TO 12)

PAYROLL

Date Prepared _____

Name (Last)	(First)	(Middle)	Employee ID Number
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Academic Year Covered October 10, 20____ thru June 25, 20____	Deferred Amount Per Pay Day \$____ (Amount should be after all taxes and deductions)*	Total \$____
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CONDITIONS

1. Only academic year (9-month) appointees can request this salary plan.
2. The request must be for a fixed dollar amount per month during the academic year.
3. The total amount collected will be paid out July 10th through September 25th using the following formula: 1/3 in July, 1/3 in August and the final 1/3 in September.
4. Deferred salary account balances will be reflected on the employee's check stub with the year to date tax balances.
5. The monthly deduction does not reduce taxable income. Employees wishing to adjust their monthly tax liability must request the change on a new W-4 by adjusting the number of withholding allowances.

BE SURE TO READ CAREFULLY

I understand that:

1. All amount accumulated in my deferred compensation account will be dispersed only in accordance with item 3 above.
2. Once the request has been processed by Payroll, I can not modify the deduction plan.
3. I can, during the academic year stop the monthly deductions by providing written notice to the payroll office.
4. This plan will automatically terminate at the end of the academic year.

Signature _____ Date _____

* Deductions will begin with the October 10th payroll.

Return form to the Payroll Office, Box 355655 by September 30th