



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Extended Pay Plan Authorization Form

Return Completed Form to Payroll Services 114 WR BANKS, Fax: 936-261-1955 Questions pavroll@pvamu.edu 936-261-1904

- 1. Name: _____
- 2. UIN: _____
- 3. Campus Telephone Number: _____
- 4. Email : _____
- 5. Department: _____

6. Enrollment (Select One): 12.5% or 25%

I authorize Prairie View A&M University (PVAMU) to reduce the net amount of my paycheck by 12.5% or 25% for each of the nine months of September through May.

I authorize PVAMU to hold these funds for the purpose of distributing the balance to me in three equal payments during the months of June, July, and August. I understand that participation in this plan is not an extension of my employment contract.

I understand that having an employment 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 Payroll Services, 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 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.

I understand that an additional amount will be withheld to offset my out-of-pocket insurance premium during the summer months.

I understand that automatic enrollment of participation will be scheduled after initial form is in place. If enrollment is not desired, I understand that I must complete a cancellation of Plan.

I understand that a change in my appointment may cause a cancellation of my Extended Pay Plan.

I certify that I have read and understood the above information.

Signature **Date**

- 7. **Cancellation** (place X on your choice)
 - (a) Pay balance on next available monthly pay date
 - (b) Pay during summer months per Plan schedule.

Signature **Date**