Request for Termination
of Twelve Month Pay Option Plan

I, ____________________________(Name), ____________________________(UIN), hereby request cancellation of my participation in the Twelve Month Pay Option Plan effective the Academic Year that begins August 7, 20______.

Please Note: This form must be returned to Human Resources by June 30th prior to the Academic Year indicated above.

I understand that:

- I will not be allowed to revoke this cancellation during the Academic Year.

- My 9-month gross salary will be disbursed to me over the 9-month contract period of August 7th through May 6th according to the standard payroll schedule.

- A request to re-enroll in the Twelve Month Pay Option Plan must be submitted to Human Resources by June 30th preceding the Academic Year for which it is to take effect.

Signature: ____________________________________  Date_____________

** HR OFFICE USE ONLY **

Input By ____________________________  Input Date ________________