# TEXAS A&M UNIVERSITY-CORPUS CHRISTI

## EXTENDED PAY PLAN AUTHORIZATION

Check appropriate request:  ____ Enrollment (#4 below)  ____ Cancellation (#5 below)  ____ Revise Percentage (#4 below)

<table>
<thead>
<tr>
<th>1. Name:</th>
<th>2. UIN or SSN</th>
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| 3. Campus Department and Telephone Number: | |
|------------------------------------------||
|                                          | |

### 4. ENROLLMENT AUTHORIZATION

Check percentage of reduction requested:  ____ 12.5%  ____ 25%

I authorize Texas A&M University-Corpus Christi (TAMU-CC) to reduce the net amount of my paycheck by ____12.5% or ____ 25% (check one) for each of the nine months of September through May. I authorize TAMU-CC to hold these funds for the purpose of distributing the balance to me in three equal payments during the month of June, July and August. I understand that participation in this plan is not an extension of my employment contact.

I understand that having an employment period of less than twelve months is a requirement for my participation in the plan. I also understand that all deductions and federal income tax withholding will be deducted 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.

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 until the next fiscal year.

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

I understand that my participation will continue each fiscal year. I must complete section 5 of this form if I wish to cancel my participation in the Extended Pay Plan.

__________________________  ____________________________
Signature                      Date

### 5. CANCELLATION AUTHORIZATION.

Please check method of payment preferred:

a. ____ Pay Plan balance on next available monthly pay date.
b. ____ Pay during summer months as per plan schedule.

__________________________  ____________________________
Signature                      Date