Extended Pay Plan Authorization

**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 Extended Pay Plan by using the Cancellation section below. Employees should complete the form and submit to Payroll Services.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>UIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

**Enrollment**

I authorize Texas A&M Engineering Experiment Station (TEES) 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 TEES to hold these funds for the purpose of distributing the balance to me in three equal payments for 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 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 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 again 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 I will continue to be enrolled in the EPP program each fiscal year unless I submit a cancellation form in writing.

**Cancellation (check one)**

☐ Pay plan balance on next available monthly pay date.

☐ Pay during summer months per Plan schedule.

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Employee Signature ___________________________ Date ________________

Submit Form to:
Engineering Payroll or Email to:
MS 3132 payroll@tees.tamus.edu
Fax: (979) 458-7490