TARLETON STATE UNIVERSITY
Member of The Texas A&M University System

Save for Summer Authorization

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact the Payroll office using the information at the bottom of the form.

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 Save for Summer plan by using the Cancellation section below. Employees should complete the form and submit to Payroll Services as noted at the bottom of the form.

Employee Name	**UIN**
Work Phone	**Email**

◯ **Enrollment**

I authorize Tarleton State University
to reduce the net amount of my paycheck by $_____
for ◯ 9 months ◯ 10 months ◯ 11 months for the current fiscal year.

I authorize Tarleton State University/TAMU to hold these funds for the purpose of distributing the balance to me in equal payments during the summer months not included in my appointment period. 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 on the next available monthly pay date. I recognize that, following cancellation, I may not participate in the Plan again until the next fiscal year.

◯ **Cancellation**

- ◯ Pay plan balance on next available monthly pay date
- ◯ Pay during summer months per Plan schedule

(Both options above will follow your payment elections, direct deposit or paper check, as indicated in Workday.)

_____ _____
Employee Signature Date

Please complete this form with your signature & date, then scan & email to: Payroll@Tarleton.edu
NEED HELP? HAVE QUESTIONS? Call us: 254-968-9612