

SAVE FOR SUMMER AUTHORIZATION FORM

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



PAYROLL SERVICES

PURPOSE: 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.

PROCESSING DATES: Participation in Save for Summer begins with the first available monthly pay date after Payroll Services received this authorization form, and there are no catch-up provisions for any expired portion of the fiscal year.

INSTRUCTIONS: Please complete this form, sign, and provide to Payroll at payroll@tamucc.edu.

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First Middle)	UIN
EMAIL ADDRESS	CONTACT PHONE NUMBER

I. SELECT THE TYPE OF ENROLLMENT TO ACTIVATE OR CANCEL

Select one of the options below, acknowledge Section II, and sign.

Enrollment Update

I authorize TAMU-CC to reduce the net amount of my paycheck by \$_____ for each of the nine months of September through May. I authorize TAMU-CC to hold these funds for distributing the balance to me in three equal payments in June, July and August.

Cancellation

I request a payment of my Save for Summer balance on the next available monthly pay date.

II. EMPLOYEE ACKNOWLEDGMENT

- I understand that participation in this plan is not an extension of my employment contract.
Initial
- I understand that having an employment period of less than twelve months is a requirement for my participation in the Plan.
Initial
- I recognize my participation in the Plan begins with the first available monthly pay date after I submit the Save for Summer Authorization Form with Payroll Services, and there are no catch-up provisions for any expired portion of the fiscal year.
Initial
- I understand that all deductions and federal income tax withholding will be taken on a monthly basis when earned and I will not receive any interest earnings for these funds.
Initial
- 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.
Initial

Employee Signature

Date

FOR ADMINISTRATIVE USE ONLY

NEED HELP? Call Payroll at 361-825-3231

PAYROLL

Workday entry completed