

## FACULTY DEFERRED PAY OPT IN/OUT FORM 2019/2020

Please check below next to any ar July 2020):	nd all statements that a	pply to you for the 201	9/2020 academic year (August 2019-
I will be banking a semeste	er or more	I will be on a	phase-in retirement plan
I will be on a retirement pl	an	I will be on S	abbatical
I am or will be on an appro	oved medical leave	I will be on F	&R
I will be on a leave of abse	ence	I will be on a	STRS reduced workload program
I will be ending my 10/11	month contract prior to	the completion of the aca	ademic year
•	•	-	l pay – <u>DO NOT Opt In</u> . pay – <u>YOU MUST Opt Out</u> .
, <u> </u>	ess the member submi	its a cancellation by "O	2-months. The faculty member shall pting Out" via the Deferred Pay Opt
, ,	payment cycle beginn	0	leferred pay status ("Opts Out") shall 11, 2019 pay cycle of the upcoming
		1 , ,	of the fiscal year, at which time they ed Pay Opt In/Out form to Human
I understand the terms of a deferred pay program for t			o participate (Opt In) to the
I wish to cancel may partic	cipation ( <i>Opt Out</i> ) in the	e deferred pay plan for the	e 2019/2020 Academic year.
Employee Print Name:			-
Employee ID#:			
Employee Signature:			-
Date:			

If you are wanting either In or Out of Deferred Pay for the 2019/2020 Academic year, <u>return this form to Human Resources no later than May 30, 2019.</u>