

APPENDIX J-2

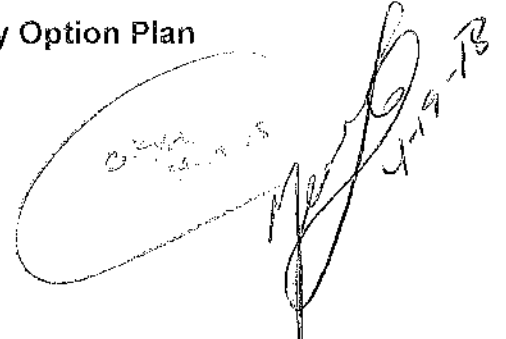
TERMINATION FOR TWELVE MONTH PAY OPTION

Request for Termination of Twelve Month Pay Option Plan

I, _____,
(Please print name)

N# _____,

*Cancel
4-19-18*



hereby request cancellation of my participation in the Twelve Month Pay Option Plan effective the academic year that begins August _____ – May _____.

NOTE: This form must be returned to the Office of Human Resources by June 30.

I understand that:

- I will not be allowed to revoke this cancellation during the academic year.
- My 9-month gross salary will be dispersed to me over the 9-month contract period of August__ – May_____ according the biweekly pay roll schedule.
- A request to re-enroll in the Twelve Month Pay Option plan must be submitted to Human Resources by the deadline date for the next open enrollment.

Signature

Date

HR USE ONLY

Start date	Stop Date	Input date	Input By