

APPENDIX J-2

TERMINATION FOR TWELVE MONTH PAY OPTION

Request for Termination of Twelve Month Pay Option Plan

I, \_\_\_\_\_,  
(Please print name)

N# \_\_\_\_\_,

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