Southeastern Louisiana University

Faculty Deferred Pay Plan Form

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|  | | | | | | | | | | | |
| Name: |  | | | | | | WDID: | | |  |  |
|  | | | | | | | | | | | |
| I request to participate in the Faculty Deferred Pay Plan and will receive my 9-month academic salary over 12-months | | | | | | | | | | | |
|  | |  | | | | | | | | |  |
| I understand: | | this is an irrevocable decision during the plan year | | | | | | | | |  |
|  | | | | | | | | | | | |
|  | | participation in the plan becomes effective at the beginning of the plan year | | | | | | | | |  |
|  | | | | | | | | | | | |
|  | | participation in the plan continues from year to year until the employer or university cancels participation in writing | | | | | | | | |  |
|  | | | | | | | | | | | |
|  | | to cancel my enrollment, I must submit a new form that will be effective at the end of the plan year (July 31st) and my salary will revert back to a standard distribution (10 checks) effective August 1st | | | | | | | | |  |
|  | | | | | | | | | | | |
|  | | by signing below I am enrolling in the Faculty Deferred Pay Plan and will receive my gross academic salary over a 12-month plan year from August 1st through July 31st | | | | | | | | |  |
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|  | |  |  |  |  | |  | | |  |  |
| Signature: | |  | | | | Date: | |  | | |  |
|  | |  |  |  |  |  | | | |  |  |
|  | |  |  |  |  | |  | | |  |  |
| PLEASE NOTE: This form must be received in Human Resources by August 15th of the plan year. Forms received after August 15th will be held for the next plan year. | | | | | | | | | | | |
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| Request for Cancellation of Authorization for Faculty Deferred Pay Plan | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name: |  | | | | | | WDID | | |  |  |
|  | |  |  |  |  | |  | | |  |  |
| I request to cancel my participation in the Faculty Deferred Pay Plan and will begin receiving my 9-month academic salary as a standard disbursement of 10 checks from August 1st through May 31st | | | | | | | | | | | |
|  | |  | | | | | | | | |  |
| I understand: | | this request will be effective at the end of the plan year (July 31st) | | | | | | | | |  |
|  | |  |  |  |  | |  | | |  |  |
|  | | this form must be received on or before August 15th to take effect in the current plan year | | | | | | | | |  |
|  | |  |  |  |  | |  | | |  |  |
|  | | by signing below I am cancelling my participation in the Faculty Deferred Pay Plan and will receive my gross academic salary over the standard 9-month distribution (10 checks) from August 1st through May 31st | | | | | | | | |  |
|  | |  |  |  |  | |  | | |  |  |
|  | |  |  |  |  | |  | | |  |  |
| Signature: | |  | | | | Date: | | |  | |  |
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