



## 9 Month Faculty Cancellation Form for Deferred Pay

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Banner ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Academic Year: \_\_\_\_\_

I hereby cancel my election to defer the salary applicable to my 9 month appointment. My 9 month assignment will now be paid over 20 bi-weekly pay periods for the coming academic year beginning the first pay of the academic calendar.

**This cancellation form must be received in the Payroll Office no later than August 1st of the coming academic year to be eligible for that year.**

\_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature