



SALARY DEFERRAL ELECTION TO DEFER RECEIPT OF PAY FORM

Name _____ Employee ID _____

College _____ Department Contact _____

Setup Deferral (NOTICE: The salary deferral will continue until revoked)

Assignment must begin July 1st (Please confirm with your department)

Check One	Assignment Period	Current Assignment Length	Salary Payback Period	Total Months Paid
<input checked="" type="radio"/>	September 1 – May 31	9	June, July, August	12

Short Period (Year of Hire Only)

Short Period Deferral Start Date _____

NOTE: The amount deferred, and the pay back amount will differ in the first year if a Short Period is included.

Signature

By signing below, I understand I am electing to defer the receipt of my monthly pay according to the plan selected above. I understand this election applies to regular pay (primary assignment). I understand this election is irrevocable during the plan year and the deferred pay cannot be received until the payback period as indicated in the chart above, or upon separation of employment. I understand there will be no interest accrued on any amount deferred from pay during the deferral period. I understand this deferral will continue to future plan years until such time as I revoke my election (see below).

SIGNATURE _____ DATE _____

THIS FORM MUST BE RECEIVED BY PAYROLL SERVICES 30 DAYS PRIOR TO THE DEFERRAL START DATE

Email the completed form to OPSU Director of Human Resources