OSU PAYROLL SERVICES
SALARY DEFERRAL/PAYBACK PROGRAM
REVOCATION OF ELECTION TO DEFER RECEIPT OF PAY

Name _____   Employee ID_____

College _____   Department Contact _____

Revocation of Salary Deferral Election

Salary deferral is irrevocable in the current plan year.

Paycheck date of last salary deferral/payback amount _____.

Cancel my election for the assignment period beginning _____ (may not be in the same plan year as the last salary deferral/payback period).

Signature

By signing below, I understand I am revoking my previous election to defer receipt of my monthly pay according to the plan selected above. I understand I may not elect to defer receipt of my monthly pay any time during the revocation plan year.

SIGNATURE_____   DATE_____

THIS FORM MUST BE RECEIVED BY PAYROLL SERVICES 30 DAYS PRIOR TO THE ASSIGNMENT PERIOD

Email the completed form to payroll.services@okstate.edu OSU PAYROLL SERVICES