



SALARY DEFERRAL REVOCATION OF ELECTION TO DEFER RECEIPT OF PAY FORM

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 REVOCATION DATE

Email the completed form to payroll.services@okstate.edu