## SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE SALARY DEFERRAL AUTHORIZATION FORM

Office of Human Resources	Box 1040   Edward	Isville, IL 62026	Phone: 618.650.2190	)   Fax: 618.650.2696
I,	year contract. I request that my pay will be of the following acade anges made within the other paration from service payment will be issue	est that my 9 (1 made over an a mic years until le academic yea id without defer submit it to Payr (as defined by the	, elect to have 0, or 11) month contrainnualized pay schedul revoke this authorizater, I am aware that my a ral for a future academ oll <b>prior</b> to the first day the IRS - termination, red pay along with my first day	e salary deferral ct be paid over 12 e and this election ion for a future  election is ic year, I must of the new etirement, or death inal pay, pending
contract for the new academic employees may participate in deferral will begin with next ye according to my contract.  Term Academic Employees: balance will be paid out in a lu	c year, as required by this program. There ear's academic contra : If my term contract	the IRS. Salar is no fee for sa act and that my is not renewed	ried 9, 10, or 11-month lary deferral. I underst current pay will continuted for the next academic	contracted and that salary ue to be paid year, my defer pay
All information below must be been received.				Initial
Banner ID No.	E	-ld		
Signature			Date	
If you have questions pl	ease refer to Salary	Deferral Guide	eline or contact Payro	oll at 650- 2190.
Salary Deferral Guidelin Salary Deferral Calculate				
DO NOT WRITE BELOW THIS LINE				
Date Received by Payroll:				
Confirmed by E-mail on:				
Payroll Entered on:		Initials:		