

USNH DEFER PAY SELECTION/CHANGE FORM

Name: _____

Academic Year: _____

USNH ID: _____

College/Dept.: _____

Select one: Initial Defer Pay Selection.
 Change to my current selection.

Select one: **Defer Pay is ALWAYS paid as full pay periods.**
 I wish to begin defer pay (*Begins defer pay with first pay event of appointment.*)
 I wish to end defer pay (*Ends defer pay and begin pay per appointment dates.*)

USNH policy permits continuing status Faculty and PAT staff in flex-year appointment to defer pay for 26 pay cycles beginning with the first pay of their appointment.

Employee Signature: _____

Date: _____

Phone: _____

NOTE: Form must be received by USNH Payroll at least two weeks prior to employee's appointment begin date in order for defer pay to take effect. Otherwise, the defer pay option is not available until the next year's appointment period. The form must be approved by Campus HR prior to forwarding it to Campus/USNH Payroll.

FOR HR USE ONLY

HR Approval: _____

Date: _____

Position/Suffix: _____

TSORG: _____

Current Contract Begin: _____

Campus: _____

Current Contract End: _____

FOR PAYROLL USE ONLY

NEW Contract Begin: _____

FTE: _____

NEW Contract End: _____

Annual: _____

Defer Pay Code: _____

Factor: _____

Position/Suffix: _____

Pays: _____

EPAF #: _____

ZZZ Ded: _____

Coded by: _____

Date: _____