

Deferred Balance Payout

Pay Group	Name	ID	Gross YTD

I, _____
Request that my full balance as stated above be paid out to me.

- I understand that upon receiving this payment, I will not receive any further deferred pay until such time that I return to work.
- I further understand
 - That this payment will be processed on the next supplemental payroll on _____ with check date of _____.
 - Insurance deductions will be withheld if applicable.

Signature

Date

Payroll Use Only:
Date Received: _____ Logged by: _____