



CANCELLATION FORM – ANNUALIZED SALARY SPREAD AGREEMENT

TO THE OFFICE OF HUMAN RESOURCES:

I hereby cancel my annualized salary agreement of 26 bi-weekly pays for the 2026 – 2027 Academic Year. I understand this request will go into effect August 2, 2026, and I will have my salary paid over 20 or 22 pay periods, whichever is applicable to my appointment.

I understand this change will be reflected on my first academic year 2026 – 2027 paycheck to be received on August 28, 2026.

I also understand my group health and life premiums will be double deducted in March, April and May to ensure summer insurance premiums are paid for the continuation of my health insurance.

Return form to the HR Service Center no later than July 17, 2026, through one of the following:

- **Campus Box 15**
- **Fax – 316-978-3201**
- **Scan and email to: HR.ServiceCenter@wichita.edu**
- **In person to the HR office**

Signature

Printed Name

MyWSU ID

Date