

ACADEMIC NINE-MONTH *PRORATE* REVOCATION FORM

--- REVOCATION ---

I hereby authorize SIU HR Data Control to stop the prorating of my academic nine-month salary, beginning with the academic year starting **Aug 16,**

_____ **YEAR**

AIS ID: _____

Last Name: _____ First Name: _____ M.I. _____

Department: _____

SIGNATURE: _____ Date: _____