



**Annex II**

**Opt-out/Resume participation in the voluntary supplemental funding mechanism for the Office of Staff Legal Assistance**

To

The Executive Officer/local human resources officer

Dept./Office/Mission

Duty station

From

Name

Index no.

Dept./Office/Mission

Duty station

**Mark only one (1) box below:**

**I wish to opt out:**

- I hereby convey my decision to **opt out** of participation in the voluntary supplemental funding mechanism and monthly payroll deduction for the supplemental funding of the Office of Staff Legal Assistance, with effect from the next payroll cycle following the date of signature of this form.

I understand that I may opt back in to the said mechanism in accordance with the provisions of information circular [ST/IC/2014/9](#).

**Or:**

**I have previously opted out and wish to resume participation:**

- I hereby convey my decision to **resume** participation in the voluntary supplemental funding mechanism and monthly payroll deduction for the supplemental funding of the Office of Staff Legal Assistance, with effect from the next payroll cycle following the date of signature of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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