



Date: _____

I wish to be paid by the pay plan option indicated below:

_____ OPTION 1 – Total academic/contract year salary to be paid in twenty (20) consecutive bi-weekly payments.

_____ OPTION 2 – Total academic/contract year salary to be paid over a twelve (12) month period which will be paid in twenty-six (26) consecutive bi-weekly payments.

I understand that my election of the above option is **irrevocable** for this current academic/contract year. I understand further that this election will be automatically carried forward to each new academic/contract year that I am employed by the University, unless I submit a change in my pay option election prior to July 15th for each new academic/ contract year that the change is to become effective.

Employee's Signature _____

Name (Print) _____

Department _____

Academic/Contract Year _____

Date received in HR _____