

UNF – UFF Collective Bargaining Agreement 2014-2017

APPENDIX J-1
AUTHORIZATION FOR TWELVE MONTH PAY OPTION

I, _____, N# _____,
(Print Name)

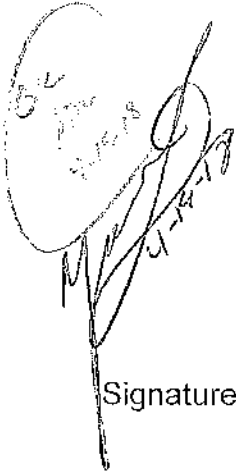
(Department name)

hereby authorize the allocation of my 9 month academic salary equally over the 12 month period of August through August (dates determined by HR deferred payment schedule).

This form must be returned to the Office of Human Resources, Bldg. 1, Room 1101 by June 30.

I understand that:

- My 9 month gross salary will be dispersed to me equally over the 12 month period of the academic year August _____ through August according to the standard payroll schedule.
- My salary deductions will be processed over 12 months.
- I will not be allowed to revoke this election during an academic year.
- My participation in the Twelve Month Pay Option Plan will automatically continue each academic year until cancelled by submission of a "Request for Termination of Twelve Month Pay Option Plan Form".
- Cancellation of participation in the plan for the next academic year must be submitted to the Office of Human Resources before June 30 of the current academic year.



Signature: _____ Date: _____

HR USE ONLY

Start Date	Stop Date	Input Date	By