AUTHORIZATION for Nine Month Faculty Pay Over 12 Months Plan

I, ___________________________(Name), 970_________________(UWF-ID), hereby authorize the allocation of my 9-month academic salary equally over the 12-month period of August 8, 2019 through August 7, 2020.

Please Note: This form must be completed and returned to Human Resources Bldg. 20E by June 28th.

I understand that:

- My 9-month gross salary will be disbursed to me systematically over the 12-month period (August 8th of year one through August 7th of year two) according to the standard payroll schedule.

- My salary deductions will be processed over 12 months. My Florida Retirement System contributions will be processed during my nine month appointment as prescribe by the Florida Administrative Code.

- I will not be allowed to revoke this election during the 12-month academic year.

- My participation in the Nine Month Faculty Pay Over 12 Months Plan will automatically continue each academic year until cancelled by submission of a Request for Termination of Nine Month Faculty Pay Over 12 Months Plan form.

- Cancellation of participation in the plan for the next academic year must be submitted to Human Resources before June 30th of the current academic year.

- *It is recommended that employees electing this plan complete the excel tool to calculate their adjusted salary.*

Signature:________________________________ Date_____________

Please return this completed form to Human Resources

HR: Set Insurances to 12-months (PDADEDN- PEAEMPL) / Set up Deferred Plan (NBAJOBS)