



AUTHORIZATION for Nine Month Faculty Pay Over 12 Months Plan

I, _____ (Name), _____ (UWF ID), hereby authorize the allocation of my 9-month academic salary equally over the 12-month period of August 8, 2026 through August 7, 2027.

Please Note: This form must be completed and returned to Human Resources Bldg. 20E by June 30, 2026.

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 prescribed 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