



Request for Termination of Nine Month Faculty Pay over 12 Months

I, _____ (Name), _____ (UWF-ID), hereby request cancellation of my participation in the Nine Month Faculty Pay Over 12 Months Plan effective the Academic Year that begins August 8, 2025.

Please Note: This form must be returned to Human Resources by June 30, 2025 prior to the Academic Year indicated above.

I understand that:

- I will not be allowed to revoke this cancellation during the Academic Year.
- My 9-month gross salary will be disbursed to me over the 9-month contract period of August through May according to the standard payroll schedule.
- A request to re-enroll in the Nine Month Faculty Pay Over 12 Months Plan must be submitted to Human Resources by June 30 preceding the Academic Year for which it is to take effect.

Signature: _____ Date _____

**** HR OFFICE USE ONLY ****

Input By

Input Date