



Human Resources

UNIVERSITY OF CENTRAL FLORIDA

Twelve-Month Payment Option Form Academic Year 2021 – 2022

***Deadline to be received in Human Resources: June 30, 2021**
Email completed-signed/dated form to: payroll@ucf.edu

Employee Name: _____ Employee ID: _____

Dept./College Name: _____

Work #: _____ E-mail Address: _____

By choosing the Twelve-Month Payment Option, I understand that I will have the amounts specified below deducted from each biweekly paycheck that I receive during the fall 2021 and spring 2022 semesters.

The first deduction will be taken on: August 27, 2021

The last deduction will be taken on: May 6, 2022

During the summer months, I will receive 5 equal payments on these pay dates of all money saved:

1. June 3, 2022
2. June 17, 2022
3. July 1, 2023
4. July 15, 2022
5. July 29, 2022

Minimum deduction amount is \$50 per pay period.

I hereby authorize the deductions below from my paychecks for each biweekly payment I receive during the fall 2021 and spring 2022 semesters.

Fall paycheck deduction amount: \$_____ (pay dates 08/27/21– 01/14/22)

Spring paycheck deduction amount \$_____ (pay dates 01/28/22 – 05/06/22)

I certify that I have read the [Frequently Asked Questions](#) and do understand that this option is irrevocable during the coverage period of this form. During the next academic year, I must sign a new form to enroll in the Twelve-Month Payment Option Plan and submit it to Human Resources by the required deadline.

For questions email payroll@ucf.edu

Employee Signature: _____ Date: _____