



**Twelve-Month Payment Option Form  
Academic Year 2024 – 2025**

**Deadline to be received in Human Resources: June 30, 2024**  
**Email completed-signed/dated form to: [payroll@ucf.edu](mailto: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 2024 and spring 2025 semesters.

The first deduction will be taken on: September 06, 2024

The last deduction will be taken on: May 16, 2025

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

- May 30, 2025
- June 13, 2025
- June 28, 2025
- July 11, 2025
- July 25, 2025

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 2024 and spring 2025 semesters.

Fall paycheck deduction amount: \$ (pay dates 09/06/24– 01/24/25)

Spring paycheck deduction amount \$ (pay dates 02/07/25 – 05/16/25)

I certify that I have read the Frequently Asked Questions and I do understand that this option is irrevocable once open enrollment has ended and during the coverage period of this form. I understand if I want to enroll in the twelve-month payment option during the next academic year, I must reelect to enroll in the Twelve-Month Payment Option Plan, this option does roll over annually, I must elect to enroll each academic year if I want to participate.

Please email the completed and signed form to [Payroll@ucf.edu](mailto:Payroll@ucf.edu) on or June 30, 2024.

For questions email [payroll@ucf.edu](mailto:payroll@ucf.edu).

Employee Signature:

Date: