



Human Resources

UNIVERSITY OF CENTRAL FLORIDA

Twelve-Month Payment Option Form Academic Year 2023 – 2024

***Deadline to be received in Human Resources: June 30, 2023**
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 2023 and spring 2024 semesters.

The first deduction will be taken on: September 08, 2023

The last deduction will be taken on: May 17, 2024

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

1. May 31, 2024
2. June 14, 2024
3. June 28, 2024
4. July 12, 2024
5. July 26, 2024

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 2023 and spring 2024 semesters.

Fall paycheck deduction amount: \$_____ (pay dates 09/08/23– 01/26/24)

Spring paycheck deduction amount \$_____ (pay dates 02/09/24 – 05/17/24)

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. Email completed signed and dated form to payroll@ucf.edu

For questions email payroll@ucf.edu

Employee Signature: _____ Date: _____