



Twelve-Month Payment Option Form Academic Year 2026 – 2027

*Deadline to be received in Human Resources: June 30, 2026.

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 2026 and spring 2027 semesters.

The first deduction will be taken on: September 04, 2026

The last deduction will be taken on: May 14, 2027

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

- May 28, 2027
- June 11, 2027
- June 25, 2027
- July 09, 2027
- July 23, 2027

The 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 2026 and spring 2027 semesters.

Fall paycheck deduction amount: \$_____ (pay dates 09/04/26 – 01/22/27)

Spring paycheck deduction amount: \$_____ (pay dates 02/05/27 – 05/14/27)

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 not roll over annually, I must elect to enroll each academic year if I want to participate.

Please email the completed, signed, and dated form to payroll@ucf.edu on or June 30, 2026. Any form emailed/received to payroll AFTER June 30, 2026, will not be accepted as open enrollment would have ended.

For questions email payroll@ucf.edu.

Employee Signature: _____ Date: _____