



Twelve-Month Payment Option Form Academic Year 2018 – 2019

***Deadline to be received in Human Resources: Friday, June 29, 2018**

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 2018 and spring 2019 semesters.

The first deduction will be taken on: August 31, 2018

The last deduction will be taken on: May 10, 2019

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

1. June 7, 2019
2. June 21, 2019
3. July 5, 2019
4. July 19, 2019
5. August 2, 2019

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 2018 and spring 2019 semesters.

Fall paycheck deduction amount: \$ _____ (pay dates 08/31/18– 01/18/19)

Spring paycheck deduction amount \$ _____ (pay dates 02/01/19 – 05/10/19)

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: _____