



Twelve-Month Payment Option Form

Academic Year 2020 – 2021

***Deadline to be received in Human Resources: June 30, 2020**
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 2020 and spring 2021 semesters.

The first deduction will be taken on: August 28, 2020

The last deduction will be taken on: May 7, 2021

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

1. June 04, 2021
2. June 18, 2021
3. July 02, 2021
4. July 16, 2021
5. July 30, 2021

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 2020 and spring 2021 semesters.

Fall paycheck deduction amount: \$_____ (pay dates 08/28/20– 01/29/21)

Spring paycheck deduction amount \$_____ (pay dates 02/12/21 – 05/07/21)

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: _____