



Twelve-Month Payment Option Form Academic Year 2017 – 2018

***Deadline to be received in Human Resources: Thursday, June 30, 2017**

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 2017 and spring 2018 semesters.

The first deduction will be taken on: September 01, 2017

The last deduction will be taken on: May 11, 2018

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

1. June 8, 2018
2. June 22, 2018
3. July 6, 2018
4. July 20, 2018
5. August 3, 2018

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 2017 and spring 2018 semesters.

Fall paycheck deduction amount: \$ _____ (paydates 09/01/17– 01/19/18)

Spring paycheck deduction amount \$ _____ (paydates 02/02/18 – 05/11/18)

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: _____