AUTHORIZATION FOR TWELVE MONTH PAYROLL OPTION PLAN
Law School Faculty and Officers of Administration
(with appointments 8/16 to 5/15)

I, (Name), ________________________________ (UO ID) _____ - _____ - _____

hereby authorize the allocation of my 9-month academic salary equally over the 12-month period of September 1 through August 31 of the following year.

Deadline: Submit this form to the Payroll Office by August 15th. Forms received after that date will be held for the next plan year.

I understand that:

1. My 9-month gross salary will be disbursed to me equally over the 12-month period of the plan year, September 30 through August 31.

2. My deductions will be processed the same as for 12-month employees, with monthly deductions, rather than a triple deduction in May.

3. I will not be allowed to revoke this election during a plan year and that the pay out will be made in accordance with the standard distribution schedule (June 1/3, July 1/3, and August 1/3) except in the event of my termination or death.

4. My participation in this plan will continue from year to year until stopped by me prior to the beginning of a new plan year.

Signature: ________________________________ Date: ____________________

Department: ________________________________ Email: ____________________

REQUEST FOR TERMINATION OF TWELVE MONTH PAYROLL OPTION PLAN

I, (Name), ________________________________ (UO ID) _____ - _____ - _____

hereby request the termination of my participation in the Twelve Month Payroll Option Plan. If I am canceling my participation at the start of the next plan year, I understand that my salary will revert back to the standard academic year schedule.

Signature: ________________________________ Date: ____________________

Payroll Office Use:

<table>
<thead>
<tr>
<th>Account Code</th>
<th>Start Date</th>
<th>Stop Date</th>
<th>Input Date</th>
<th>Input By</th>
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