AUTHORIZATION FOR TWELVE MONTH PAYROLL OPTION PLAN
Faculty and Officers of Administration
(with appointments 9/16 to 6/15)

I, (Name), __________________________ (UO ID) _____ - _____ - _____ hereby authorize the allocation of my 9-month academic salary equally over the 12-month period of October 1 through September 30 of the following year.

**Deadline:** Submit this form to the Payroll Office by *September 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, October 31 through September 30.
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 (July 1/3, August 1/3, and September 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: __________________________

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