



**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: _____

Payroll Office Use:

Account Code	Start Date	Stop Date	Input Date	Input By