



# UNIVERSITY OF PORTLAND

## Authorization for Twelve Month Pay Option Plan

### For Nine-Month Faculty

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Banner ID #) hereby authorize the allocation of my nine-month academic salary equally over the twelve month period of September 1<sup>st</sup> through August 31<sup>st</sup> of the following year. **Please Note:** This form must be returned to the Payroll Office by **September 20<sup>th</sup>**. Forms received after that date will be held for the next plan year.

I understand that:

1. My nine-month gross salary will be disbursed to me equally over the twelve month period of a plan year (September 1<sup>st</sup> through August 31<sup>st</sup> of the following year).
2. My deductions will also be processed as a twelve month employee.
3. I will not be allowed to revoke this election during a plan year.
4. This plan will continue from year to year until stopped by me prior to the beginning of a new plan year.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

PAYROLL/HR OFFICE USE ONLY

Start Date

Stop Date

Input By/Date