



FACULTY PAY AUTHORIZATION



Ten or Twelve Month Pay Election

12 Month Pay Election

I authorize the Troy University Payroll Department to pay my 10 month salary over 12 months. I understand that I will receive 12 monthly checks beginning August 31st and ending July 31st. I understand that each check will be for 1/12 of my ten month contract, minus appropriate deductions. In the event I receive a summer contract, my June and July checks will increase accordingly.

I understand that this authorization will remain in effect until I change it in writing and that I can only make the change effective in August of each year.

Signature

Employee ID number

Full Printed Name

Date

10 Month Pay Election

I authorize the Troy University Payroll Department to pay my 10 month salary over 10 months. I understand that I will receive 10 monthly checks beginning August 31st and ending May 31st. I understand that each check will be for 1/10 of my ten month contract, minus appropriate deductions. In the event I receive a summer contract, my June and July checks will increase accordingly.

If I do not receive a summer contract, I must provide Human Resources with June and July premium payments for any health insurance and/or life insurance payroll deductions.

I understand that this authorization will remain in effect until I change it in writing and that I can only make the change effective in August of each year.

Signature

Employee ID number

Full Printed Name

Date

NOTE: This form must be received in the Human Resources office no later than August 15th.