

Faculty 21/26 Method of Payment Option

Faculty on a ten-month **TERM/CONTINUING** contract shall have the option to elect either a ten-month or twelve-month method of payment. Faculty members can make only **ONE** election for the year and must make this election **before August 15** for the following academic year.

Please indicate which option you wish to elect and return this form to the Human Resources Department **prior to August 15**, of the prior academic year.

Academic Year _____/_____

I elect: **10** month method of payment _____

12 month method of payment _____

Signature _____

Social Security Number _____/_____/_____

Date _____