

# University of Louisiana at Lafayette

## Request to Terminate Faculty 12-Month Pay Plan Option

I elect to terminate the faculty twelve-month payment plan option effective with the plan year of \_\_\_\_\_ (ex. 2005-06). I understand my salary will be paid in ten installments beginning with the payroll in August and that I cannot re-enter the twelve month payment plan until the following plan year.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Social Security Number or CLID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date