

University of Louisiana at Lafayette

Request for Faculty Twelve-Month Pay Option

I hereby elect to have my 9-month academic year salary paid equally over the 12-month period of August through July 31 of the following year.

I understand that:

- My 9-month gross salary will be disbursed to me equally over the 12-month period of a plan year (August through July of the following year).
- My deductions will be processed as a 12-month employee.
- I will not be allowed to revoke this election during a plan year except in the event of my retirement, termination or death.
- Each payment will be made on the last business day of each month.
- This election will continue from year to year until revoke by me prior to the beginning of a new plan year.

Type or Print Name

Social Security Number

Signature

Date