



University of Louisiana at Lafayette

Request to Terminate Faculty 12-Month Pay Option

I elect to terminate the faculty 12-month payment option effective with the academic year of _____ (e.g., 2017-18).

I understand my salary will be paid in ten (10) installments beginning with the payroll in August and that I cannot re-enter the twelve month payment option until the following academic year.

Type or Print Name

ULID

Signature

DATE