

College Administrative Offices  
Payroll

Name \_\_\_\_\_

Banner ID # \_\_\_\_\_

TO: All Ten-Month Contract Faculty

SUBJECT: Method of Contract Payment

DATE:

The procedure concerning the method of contract payment (10 or 12 months) is as follows:  
Your current or initial selection will remain permanent for future years until you choose to change.

If you desire to change your selection, you must complete a new form before the start of the academic year in which you desire the change in method of contract payment.

PLEASE RETURN THIS FORM BY JUNE 1.

I select the TEN month ~~is~~ of Payment [ ]  
(September – June)

I select the TWELVE month ~~is~~ of Payment [ ]  
(September – August)

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Signature

Date

Return this form to Central Payroll, NFL 125

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Office Use Only

Employee Start date \_\_\_\_\_

If 1/1/13 or later, EMHP code change \_\_\_\_\_