

Southeast Missouri State University
Faculty 10 and 12 Month Pay Period Option Form

_____ By signature below, I request that my salary be paid to me over twelve months (August through July) instead of ten months (August through May). I understand that this election is irrevocable for the entire academic year and that this election will remain in place until I modify it in writing.

_____ By signature below, I request that my salary cease to be paid to me over twelve months (August through July) and begin to be paid to me over ten months (August through May). I understand that this election is irrevocable for the entire academic year and that this election will remain in place until I modify it in writing.

Signature

Department

Date

Employee Identification Number

This form must be received by the Human Resources office prior to August 1 in the year for which you choose the above designated pay period option. Faculty who do not submit this form to the Human Resources office prior to August 1 will automatically be placed on the 10 month pay plan.

All faculty are paid by direct deposit on the last working day of the month. Direct Deposit Authorization forms and instructions are available on the Human Resources office website at <http://www4.semo.edu/humanresources/payroll/forms/index.htm>. Direct Deposit Authorization forms should be submitted directly to the Payroll office.

Received by the Human Resources office: _____
Date

Human Resource Representative