

Twelve-Month Payment Option Form Academic Year 2015 – 2016

*Deadline to be received in Payroll Services is Friday, August 21, 2015

Employee Name:		Employee ID:	
Dept/College Name		Date of Birth:	
Work Phone Numbe	r: E-mail Address:		

By choosing the Twelve-Month Payment Option, I understand that I will have the amounts specified below deducted from each biweekly paycheck that I receive during the fall and spring semesters.

The first deduction will be taken on: September 04, 2015 The last deduction will be taken on: May 13, 2016

During the summer months, I will receive five equal payments on the following paycheck dates:

June 10, 2016
June 24, 2016
July 8, 2016
July 22, 2016
August 5, 2016

Minimum deduction amount is \$100.00 per pay period.

I hereby authorize the deductions below from my biweekly paychecks I receive during the fall and spring semesters.

Deduction Amount:

Regular Paycheck Period:	(pay dates 09/04/15 - 01/22/16)
Double-Deduction Period:	(pay dates 02/05/16 - 05/13/16)

I certify that I have read the <u>Frequently Asked Questions</u> and do understand that if I request my funds earlier than the summer disbursement period, all funds will be refunded and my enrollment will end for the coverage period specified on this form. Each academic year, I must sign a new form to enroll in the Twelve-Month Payment Option Plan and submit it to Payroll Services by the required deadline.

Note: the employee should use one of the below options to submit the enrollment form to Payroll Services:

1. The employee may electronically sign the form and select the SUBMIT icon to automatically e-mail the form to Payroll@admin.fsu.edu. 2. The employee may print and sign the form and submit to Payroll Services via hand-delivery, U.S. mail, or scan and e-mail to Payroll@admin.fsu.edu.

Please send any questions related to this benefit program to Payroll@admin.fsu.edu.

Employee Signature:

Date: