

**Eastern Michigan University**

**Pay Option Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Completed Form to:

Human Resources, 140 McKenny

I wish to be paid by the pay plan option indicated below:

\_\_\_\_\_\_ OPTION 1 (16 Pays): Total academic year salary to be paid over an eight (8) month period which will be paid in sixteen (16) consecutive semi-monthly payments.

\_\_\_\_\_\_ OPTION 2 (24 Pays): Total academic year salary to be paid over a twelve (12) month period which will be paid in twenty-four (24) consecutive semi-monthly payments.

I understand that this option will remain in full force and effective for the duration of the period by the option I have selected.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Academic Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_