



## Eastern Michigan University Pay Option Form

**Per your collective bargaining agreement, this form must be submitted no later than August 1 each year. Changes will not be allowed if form is submitted after that date.**

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 \_\_\_\_\_