



Eastern Michigan University Pay Option Form

Date: _____

Email Completed Form to:
hr_pafs@emich.edu

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 _____