

ILLINOIS STATE UNIVERSITY - PAYROLL AUTHORIZATION FORM

Policy 3.1.41 - Twelve-Month Optional Payment Plan for Academic and Administrative Professional Appointments

I hereby authorize Illinois State University to initiate the option of having my salary paid over a twelve month period beginning with the start date of my next eligible appointment. This election will remain in effect indefinitely until revoked. In the case of retirement or separation, settlement will be made with any separation payout.

PAYMENT ELECTION

A payment election can be made at any time; however the election will only be effective on the first date of the next eligible appointment.

Today's Date: _____ UID#: _____

Employee Name (Print): _____ Employee Signature: _____

REVOCATION OF PAYMENT ELECTION

A revocation of a payment election can be made at any time; however the revocation will not become effective until the first date of the next appointment.

Today's Date: _____ UID#: _____

Employee Name (Print): _____ Employee Signature: _____

RETURN TO: Campus Box 0580 Payroll or Hovey Hall 101