## Florida A&M University

## 10 over 12-Month Payment Option Form

## Academic Year 2022-2023

Deadline to submit form to Academic Affairs: August 19, 2022	
Employee Name:	Employee ID:
Department/College Name:	A SACO
Work Number:	E-mail Address:
	ayment Option, I understand that I will have the amount specified aycheck covering the checks dated September 9, 2022 through June
The first deduction will be taken on: The last deduction will be taken on:	September 9, 2022 June 2, 2023
During the summer months, I will rece	ei <mark>ve 4 equal</mark> pay <mark>ments on t</mark> hese dates of all the money saved:
<ol> <li>June 16, 2023</li> <li>June 30, 2023</li> <li>July 14, 2023</li> <li>July 28, 2023</li> </ol>	
*Minimum deduction amount is \$	50 per pay period.
I hereby authorize the deductions belothe 2022-2023 academic year.	ow from my paychecks for each biweekly payment I receive during
Academic year (2022-2023) paycheck	deduction amount: \$ (Pay dates 9/9/22 – 6/2/23)
12-Month Payment Option is irrevoca will remain enrolled in the deferred above, unless I indicate in writing that	2-Month Payment Option form and do understand that the 10 over able during the coverage period of this form. I acknowledge that I 10 over 12-Month Payment Option Plan at the amount indicated I plan to opt out or change my deduction amount. If there are no ment Option Plan a new form will not be required.
For questions, please call Academic Af	fairs at 599-3276 or Payroll at 599-3611.
Employee Signature:	Date: