

**UNIVERSITY OF ARKANSAS AT PINE BLUFF**

**Twelve Month Pay Authorization and Agreement**

**For Nine Month Employees**

Name \_\_\_\_\_ SSN \_\_\_\_\_

**(Please Print Clearly)**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize the University of Arkansas at Pine Bluff to deduct twenty-five percent of my nine-month (appointed) net salary from my pay checks during the period of August through May. I understand that the University will return these monies to me in three equal installments in the month of June, July and August and that no interest will be paid on these monies. The payments will be mailed to the address specified above on the 15<sup>th</sup> day of each month (June, July and August), If this date falls on the weekend, the checks will be picked up or mailed the last working day prior to the date specified above. I understand that no direct deposit of these monies will be available. I further understand that I must renew this authorization every year and that once I have signed up for the (9/12 Faculty Conversion Program), I may not withdraw my authorization, nor have early access to the monies deducted.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please complete this form and return to the Payroll office, Adm. Bldg., RM# 203.**

**Forms should be submitted no later than August of the current academic year.**