

FACULTY PAY PLAN CHANGE REQUEST

Per article 32.1.1 of the LCCEA Contract:

Contracted faculty employees may choose between twenty (20) and twenty-four (24) semi-monthly installments. The twenty semi-monthly installments will begin no later than September 10th and end no later than June 25th. The twenty-four semi-monthly installments will begin no later than September 10th and end no later than August 25th.

For current employees: This authorization form is to be used if you wish to make a change in your payment option.

For new employees: This authorization form is to be used to select your payment option.

The pay plan option you choose will remain in effect until you change it in writing.

We would appreciate receiving notice of your change at the earliest possible date.

PAY PLAN AUTHORIZATION FORM

Please divide my annual salary into:

1. ___ Twenty (20) equal installments (two per month September – June).
2. ___ Twenty-four (24) equal installments (two per month September – August).

Name: _____ L#: _____

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES
NO LATER THAN August 15th.**