

FACULTY PAY PLAN CHANGE REQUEST

Per article 32.1 of the LCCEA Contract:

Employees may elect to receive their annual salaries in twenty (20) equal installments providing that they notify the College in writing, on this authorization form, no later than August 1. **The twenty (20) installment option will remain in effect until changed in writing.**

This authorization form is to be used if you wish to make a change in 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 1.**