



## Pay Frequency Change Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

University ID #: \_\_\_\_\_

- Please change my pay schedule from 10 months to 12 months beginning with the 20\_\_ - 20\_\_ academic year.

Requests for changes must be received in Payroll by MAY 15 prior to the academic year you are requesting the change begin. Your first paycheck for the academic year will be on July 31.

- Please change my pay schedule from 12 months to 10 months effective July 1, 20\_\_ .

Signed: \_\_\_\_\_

SCAN AND RETURN FORM TO: payroll@uni.edu (preferred)

OR mail to Payroll Office of Business Operations Mail code 0008

For questions call 273-7049 or e-mail payroll@uni.edu

Updated:  
8/9/17 as