



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 Business Operations – Payroll PRIOR to MAY 15 for 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 Business Operations – Payroll, mail code 0008

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

Updated:
4/23/19 as