SPRING / FALL PAY DISTRIBUTION FORM

Employee Name:_____

Employee Identification Number:_____

Semester: Spring   Fall   OR Contract Dates:_____

I would like my pay distributed in the following manner:

PLEASE CHECK ONE

(1)   One payment at the end of the contract

(2)   Two Payments (1 at the halfway point and 1 at the end of the contract)

(3)   Biweekly payments for the length of contract

Amount of contract