

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 the contract

Amount of contract