

**Florida A&M University
9 over 12-Month Payment Option Form
Academic Year 2025-2026**

Deadline to submit form to Academic Affairs: August 18, 2025

Employee Name: _____ **Employee ID:** _____

Department/College Name: _____

Work Number: _____ **E-mail Address:** _____

By choosing the 9 over 12-Month Payment Option, I understand that I will have the amount specified below deducted from each biweekly paycheck covering the checks dated September 5, 2025, through May 15, 2026.

The first deduction will be taken on: September 5, 2025

The last deduction will be taken on: May 15, 2026

During the summer months, I will receive 5 equal payments on these dates of all the money saved:

1. May 29, 2026
2. June 12, 2026
3. June 26, 2026
4. July 10, 2026
5. July 24, 2026

***Minimum deduction amount is \$50 per pay period.**

I hereby authorize the deductions below from my paychecks for each biweekly payment I receive during the 2025-2026 academic year.

Academic year (2025-2026) paycheck deduction amount: \$ _____ (Pay dates 9/5/25 – 5/15/26)

I certify that, I have read the 9 over 12-Month Payment Option form and do understand that the 9 over 12-Month Payment Option is irrevocable during the coverage period of this form. I acknowledge that I will remain enrolled in the deferred 9 over 12-Month Payment Option Plan at the amount indicted above, unless I indicate in writing that I plan to opt out or change my deduction amount. If there are no changes to the 9 over 12-Month Payment Option plan a new form will **not** be required.

Please email the completed form to academic.affairs@famu.edu. Please use "Payroll Option" in the Subject Header. For questions, please call Academic Affairs at 599-3276 or Payroll at 599-3611.

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Employee Signature: _____ Date: _____