



Employee Name: _____ **OHIO EE ID#:** _____

I authorize the payment of my salary in twenty-four equal semi-monthly installments, subject to the following conditions:

- The twenty-four semi-monthly pay option is governed by Ohio University policy #41.007 and IRC Section 409(A). Once you exercise this option it remains in effect for the academic pay period and is irrevocable during the academic year.
- In order to rescind this option for the following academic year you must complete the 24 Semi-Monthly Pay Option Cancellation form and return it to the Employee Service Center no later than August 15.
- Employees terminating employment with Ohio University will receive a lump sum for any deferred salary. Lump sum payments for deferred salary are paid the pay date immediately following the final regular pay.

This Authorization becomes effective with my first pay date for the academic year.

Employee Signature: _____ **Date:** _____

Please return completed form to: uhr@ohio.edu