



**Employee Name:** \_\_\_\_\_ **OHIO EE ID#:** \_\_\_\_\_

I wish to cancel the twenty-four semi-monthly pay option on which I am currently being paid and receive my pay over my regular academic schedule.

For example, if you work a nine-month academic schedule you will receive eighteen semi-monthly payments beginning on August 31 and ending on May 15 of the subsequent year. If you work a ten-month academic schedule, you will receive twenty semi-monthly payments over your regular academic schedule. Your first payment will be received in the first month of your academic schedule. If you work an eleven-month academic schedule you will receive twenty-two semi-monthly payments over your regular academic schedule. Your first payment will be received in the first month of your academic schedule.

This change is to be effective with the first pay of the \_\_\_\_\_ academic year.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to: [uhr@ohio.edu](mailto:uhr@ohio.edu)