

Academic Year (9 month) Faculty Salary Request for Payment Over 12 Months

AY' 24 – 25 Effective September 1, 2024, through August 31, 2025

Faculty Members with 9-month, acad	lemic year, appointme	ents requestir	ng to be paid the contra	act salary over	12 months:	<u> </u>
Please complete, date and sign this form;	return it to the Payroll O	ffice no later th	an Thursday, September	05, 2024. A new	form must b	oe .
completed each year. A scanned, signed of	copy is required. If no fo	orm is received,	payments will be made o	over 9 months. T	hank you.	
Faculty with 12-month appointments do i	not need to complete th	is form.				
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Scan and send completed and signed form to: payroll9over12@stevens.edu .						
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Last Name		First Name			Empl.	
		,			ID#	* see note below for
						where to find this
						number
I hereby request that my nine (9) mon	ith faculty salary be pa	aid to me over	twelve (12) months fo	r the academic	year beginn	ning
September 1, 2024, and ending Augus	st 31, 2025.					
I understand:						
1. Paying the 9-month salary over	12 months effectively	reduces each	semi-monthly paycheck	from Septembe	er through N	⁄lay by 25%.
2. All benefit deductions, includin	g TIAA-CRFF salary def	ferral will he r	nade over the 9-month a	academic vear 1	further redu	ıcing the
net paycheck for those 9 mont	=	Cirai, will be i	nade over the 5 monare	icademie year, i	urtifici redu	icing the
3. This request cannot be changed	d during the 12-month	academic year	·.			
If my employment with the Un administratively possible.	iversity ends before A	ugust 31, 202	5, the balance of my sa	lary will be paid	d in one pay	ment as soon as
5. This request must be made eac	h academic vear to ens	sure effectiver	ness for the new year.			
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Faculty Signature					Date:	
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Payroll Office Acceptance					Date:	
-				_	2 4 6 6 1	
Human Resources Acceptance					Date:	

* To find your Employee ID#: Log into Workday and click on the Personal Information App. Your Employee ID will be on the upper right-hand side under Job Details.