



**FACULTY PAYROLL AUTHORIZATION FORM**

**NAME:** \_\_\_\_\_

(Please Print)

**CAMPUS WIDE ID NUMBER:** \_\_\_\_\_

**COLLEGE/DEPARTMENT:** \_\_\_\_\_

Full time faculty signing a contract for the Academic Year may choose to be paid over the Academic Year or Fiscal Year. Please select a payment option below.

\_\_\_\_\_ **ACADEMIC YEAR.** You will receive 20 bi-weekly paychecks. Your paychecks will begin with the first payroll in August of the new Academic Year and will continue for 20 bi-weekly payrolls. Your last check will be issued either in late April or in May of the subsequent year.

\_\_\_\_\_ **FISCAL YEAR.** You will receive 26 paychecks. Your paychecks will begin with the first payroll in August of the new Academic Year and will continue for 26 bi-weekly payrolls. Your last check will be issued the last payday in July of the subsequent year.

**The selection you make is effective for the entire Academic Year. Changes can be made each year during contract renewal. Otherwise, the payroll authorization will continue as previously elected.**

**Please return this form to the Provost Office to Diane Dooley at [dwdooley@loyno.edu](mailto:dwdooley@loyno.edu)**

**If you have any questions, please contact [payroll@loyno.edu](mailto:payroll@loyno.edu) or call 504.864.7343.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_