



NEWLY HIRED - FACULTY PAYROLL AUTHORIZATION FORM

NAME: _____

(Please Print)

_____) _____ :

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

If you have any questions, please contact payroll@loyno.edu or call 504.864.7343.

SIGNATURE: _____ **DATE:** _____