

# Brevard Community College

## Appendix E

### Optional Pay Form

Name \_\_\_\_\_

B# \_\_\_\_\_

Per section 13.9 of the 2009 – 2012 Collective Bargaining Agreement, I elect to have my annual salary paid to me in one of the following ways:

\_\_\_\_\_equal payments beginning with the first pay of the contract year and ending with the pay period immediately following the end of the Spring Term. I understand that the annual cost of health, dental, vision, flex medical, elective retirement contributions, union dues as well as all other elective benefits will be deducted over 20 or 21 pays( dependent on the calendar year.) I further understand that I will not receive a lump sum payout or a regular paycheck during the Summer Term. This form is valid for one contract year.

\_\_\_\_\_payments consistent with the 26 pay schedule, beginning with the first pay of the contract year and ending with the pay period immediately following the end of the Spring Term, with a lump sum pay out for the remainder of the contract (equivalent to 5 or 6 pays depending on the calendar year) to be paid following the end of the Spring Term Contract requirements. I understand that the annual cost of health, dental, vision, flex medical, elective retirement contributions, union dues as well as all other elective benefits will be deducted from my salary prorated across the regular pays and the lump sum payout. This form is valid for one contract year.

Signature \_\_\_\_\_

Date\_\_\_\_\_

Human Resources\_\_\_\_\_

Date\_\_\_\_\_

Payroll\_\_\_\_\_

Date\_\_\_\_\_