

Suffolk

COUNTY COMMUNITY COLLEGE

College Administrative Offices

Payroll

Name _____

Banner ID # _____

TO: All Ten-Month Contract Faculty

SUBJECT: Method of Contract Payment

DATE:

The procedure concerning the method of contract payment (10 or 12 months) is as follows:
Your current or initial selection will remain permanent for future years until you choose to change.

If you desire to change your selection, you must complete a new form before the start of the academic year in which you desire the change in method of contract payment.

PLEASE RETURN THIS FORM BY JUNE 1.

I select the TEN month basis of Payment []
(September – June)

I select the TWELVE month basis of Payment []
(September – August)

Signature _____

Date _____

Return this form to Central Payroll, NFL 125

Office Use Only

Employee Start date _____

If 1/1/13 or later, EMHP code change _____

Central Administration
533 College Road
Selden, NY 11784-2899
(631) 451-4112

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(631) 451-4110

Western Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 548-2500