

Suffolk

COUNTY COMMUNITY COLLEGE

College Administrative Offices

Name _____
SS# _____
Approp. _____

TO: All Ten-Month Contract Faculty

SUBJECT: Method of Contract Payment

DATE:

In an effort to reduce paperwork, we would like to change our procedure concerning the method of contract payment (10 or 12 months). When you make your selection of contract payment for the [] academic year, the selection will remain permanent for future years until you choose to make a 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 to Central Payroll Office
NFI Building – Room 25

Central Administration
533 College Road
Selden, NY 11784-2899
(516) 451-4112

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(516) 451-4110

Western Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(516) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(516) 548-2500