



Howard University  
Office of Human Resources

**12 Month Payment Request Form**  
\_\_\_\_\_ - \_\_\_\_ **Academic Year**  
*(Faculty Only)*

**Faculty Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**School/College** \_\_\_\_\_

*I hereby request that my faculty salary for the nine month academic year be payable in 26 installments starting the first pay date in the fall of \_\_\_\_\_ and ending August \_\_\_\_\_.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OHR USE ONLY:**

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_

PeopleSoft Updated: \_\_\_\_\_ OHR Personnel: \_\_\_\_\_

Please return to the Office of Human Resources within 5 business days of your hire date. The form may be emailed to [hrprocessing@howard.edu](mailto:hrprocessing@howard.edu), or faxed to 202-806-7067.