

FACULTY SALARY PAYMENT ELECTION AGREEMENT

Place an "x" in the appropriate box to select your salary allocation

I, _____
(Printed Name) (Banner Id)

hereby elect to receive my annual base salary in regular semi-monthly amounts over:

12-Month Salary Election

1. **I request that my salary be paid in twenty-four (24) equal semi-monthly payments** on the respective payday for pay periods August 16th through August 15th of each academic year.
2. If employment begins in January (Spring Semester), your salary will be paid on the respective payday for the months January through August for the first employment year.

9-Month Salary Election

1. **I request that my salary be paid in eighteen (18) equal semi-monthly payments** on the respective payday for pay periods August 16th through May 15th of each academic year.
2. If employment begins in January (Spring Semester), your salary will be paid on the respective payday for the months January through May for the first employment year.

I understand this election must be made prior to the academic year and is irrevocable. If you terminate your employment during the academic year, all deferred funds will be paid in lump sum to you, or your estate in the event of your death.

This Payment Election will remain in effect for my employment until a future Pay Election Agreement for a change is submitted. I have read and understand the above.

Signature: _____ Date: _____

Department: _____ Email: _____

This form must be returned to the Payroll Department before August 15th