

## Salary Spread Election Form

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Each year, 9-month faculty may elect the time period basis for receiving compensation for their faculty appointment. This form is used to notify the Human Resources and Payroll offices of your election for the time period in which you wish to receive your salary from Angelo State University for the academic year beginning August 2009. Please complete this form and submit to Human Resources no later than September 4th, 2009.

**Request for 9-month salary to be spread over 12 months in equal installments:**

I hereby request and authorize that my nine (9) month salary for both regular semesters be paid to me in twelve (12) equal installments. I understand and agree that this plan of payment cannot be changed during the twelve month period unless my employment with the University is terminated. If I terminate employment, all deferred salary may be paid to me on my next paycheck which could increase my tax withholding percentage for that month. I can only change this election prior to, or close to the beginning of each academic year. I also understand and agree that insurance deductions will be taken from my paycheck on a twelve-month installment basis.

**Request for 9-month salary to be paid over a 9-month basis:**

I hereby request and authorize that my current nine (9) month salary be paid over a nine (9) month basis. I understand that I can only change this election prior to, or close to the beginning of the academic year. I understand and agree that unless I work during the two summer sessions, no insurance deductions will be taken out of my pay and that I must pay my insurance premiums to the Employees Retirement System of Texas (ERS) in order to continue my insurance during the summer months. I further understand that my failure to pay these insurance premiums will result in my insurance being cancelled and that if I later wish to re-enroll in the University insurance programs, I must wait until an open enrollment and may be subject to evidence of insurability requirements (coverage may be denied by the insurance company).

Please sign below and return this form to Angelo State University, Human Resources, ASU Station #11009, San Angelo, Texas 76909. For more information, please call 942-2168.

Signature of Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

CID: \_\_\_\_\_

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

Job Title: \_\_\_\_\_