



FACULTY ONLY - SALARY ELECTION FORM
(New Faculty or Change in Election)

ELIGIBILITY REQUIREMENT: Faculty Compensated at a base level above \$117,000 for the academic year are not eligible for the 26 pay option and will receive their pay over 18 pay periods.

Employee ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Department Name: \_\_\_\_\_

IF ELIGIBLE (see above) you will receive your academic salary in substantially equal bi-weekly amounts over 26 pay periods unless an election is in effect to receive such salary in substantially equal bi-weekly amounts over 18 pay periods. Internal Revenue Service guidelines prohibit changing an election after the beginning of the first pay period of a fall semester and allow an election to continue in effect until you submit a new salary election form before the beginning of the first pay period of a subsequent fall semester.

The IRS guidelines indicate that there can be no exceptions made except in the case of a distribution of any unpaid academic salary upon separation from service (including retirement), disability, or death.

New Faculty Members – (See Eligibility Requirement Above)

IRS guidelines require this form be returned before the beginning of the first pay period of the next commencing fall semester. IF ELIGIBLE (see above) and you elect not to return this form in a timely manner you will receive your academic salary in substantially equal bi-weekly amounts over 26 pay periods.

- I elect to receive my academic salary in substantially equal bi-weekly amounts over 18 pay periods.
I elect to receive my academic salary in substantially equal bi-weekly amounts over 26 pay periods.

Existing Faculty Members – Change in Election – (See Eligibility Requirement Above)

IRS guidelines require this form be returned before the beginning of the first pay period of the next commencing fall semester.

- I elect to receive my academic salary in substantially equal bi-weekly amounts over 18 pay periods.
I elect to receive my academic salary in substantially equal bi-weekly amounts over 26 pay periods.

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

Employee's Signature

Print, sign and return this form to Payroll – Mail Stop 5250

Internal Use Only

Combination Code \_\_\_\_\_

Employee Record # \_\_\_\_\_

Contract Begin Date \_\_\_\_\_

Benefit Record # \_\_\_\_\_

Contract End Date \_\_\_\_\_

BPP \_\_\_\_\_

Budget Approval \_\_\_\_\_

HR Entry \_\_\_\_\_

