



Salary Spread Election Form

Employees with a nine month assignment may be eligible to spread their salary evenly over the 12 month fiscal year by completing this form. Once elected, the salary spread arrangement is irrevocable for the remainder of the fiscal year. It will remain in effect for future fiscal years until canceled or until the employee becomes ineligible. Nine month faculty and staff who do not elect the salary spread option will be paid over nine months. For additional information, please refer to Human Resources Policy 2.28.

To be eligible to elect salary spread, the following conditions must be met:

- x The employee must hold a regular, full-time, nine month appointment (Sept. 1-May 31),
- x The election form must be received in Payroll before the first official class day of the Fall semester, and
- x 7 KH HPSOR \ HH \ V DODU \ LV EHLQJ IXQG HG L Q S
Not Surded W an R Q l y Restricted Funds .

To elect or cancel salary spread please select one of the following:

 Election : I request that my nine month salary be spread so that I receive payments in the summer. If I wish to discontinue salary spread, I understand that I must submit a new form to cancel my election, and the cancellation will take effect September 1st of the next fiscal year. x%1~a!¶Yà½~ à y!.9 3•PH 'IX #9 •9.ûc C)jPø / i0 à y!.9 2XPH .õ•R

inactivated.

- x A salary spread request cannot be honored if the HPSOR \ HH \ V DODU \ LV EHLQJ IXQG HG L Q S
funds. If, anytime after a salary spread has been processed, the funding is changed in full or in part to restricted funds, the salary spread will be inactivated.
- x A salary spread request only applies to base pay and not to any salary supplement or overload.
- x 7 KH V DODU \ V S U H D G H O H F W L R Q F D Q Q R W E H F K D Q J H G G X U L Q J W K H P R
terminated or the funding is changed to restricted funds. If the termination is submitted prior to August 31, the balance of the salary spread due will be paid off in one payment on the first available payroll following both the termination date and receipt of terminating paperwork.-5.9c0 (bo)3.996 (t)-1 Employee Signature: _____

6XEPLW FRPSOHWHG IRUP WR WKH +XPDQ 5HVRXUFHV 'HSDUWPHQW KU#C
ILUVV RIILFLDO FODVV GD\ RI WKH)DOO VHPHVWHU