

**Angelo State University
Office of Human Resources**

Salary Spread Selection Form

Each year, all faculty who are not employed on a 12-month basis may select the time period basis for receiving compensation for their faculty appointment. **For those employees on a 5X8 schedule, the salary spread over 12 months is the only option available for selection.**

This form is used to notify the Human Resources and Payroll offices of your selection for the time period in which you wish to receive your salary from Angelo State University for the academic year beginning August 2013. Please complete and submit this form to Human Resources no later than September 6, 2013.

Request for 9-month or 5X8 schedule salary to be spread over 12 months in equal installments:

I hereby request and authorize that my nine (9) month or five-by-eight week schedule (5X8) salary for the academic year 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, potentially increasing my tax withholding percentage for that month. I can change this election only prior 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. Insurance coverage will cease at the end of the month in which I separate employment.

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 change this election only 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) to continue my insurance coverage during the summer months. I further understand that my failure to pay these insurance premiums will result in my insurance being cancelled. If I later wish to re-enroll in the University insurance programs, I must wait until 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 (325) 942-2168.

Signature of Faculty: _____ Date: _____

Print Name: _____ CID: _____

Department: _____ Job Title: _____

Revised 04/2013