

Requirements:

Employees with a nine-month appointment may be eligible to spread their salary evenly over the 12 months of the fiscal year by completing this Salary Spread Election 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 by submitting this form to Human Resources or until the employee becomes ineligible.

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

- The employee must hold a regular, nine-month appointment (Sept 1 - May 31)
- The election form must be signed before the first day of class for the fall semester.

Effective Date: The effective date will be the beginning of the upcoming fiscal year (Sept 1).

Change in Status: In the event the employee no longer meets the requirements above or terminates employment, a full settlement of all reserved amounts will be paid to the employee. Taxes will be calculated based on the date paid which could result in a higher tax bracket for that pay period.

If an employee is removed from the salary spread due to ineligibility, it is up to the employee to re-elect salary spread for future fiscal years by completing a new form by the deadline.

Payroll Deductions: Normal payroll deductions will continue for all 12 paychecks including contributions to retirement and group insurance plans. Employees not on salary spread and who do not have an appointment for all summer sessions must pay their out-of-pocket costs for group insurance benefits to continue. Reinstatement of coverage may require proof of good health.

PLEASE SELECT ONE OF THE FOLLOWING:

<input type="checkbox"/>	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, which will take effect September 1 of the next fiscal year.
<input type="checkbox"/>	CANCELLATION: I request cancellation of salary spread. I understand that this request will go into effect September 1 of the next fiscal year.

I certify that I have read, understand, and meet the requirements provided above. I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary correct the information that Texas State collects on me.

Name: _____ Texas State ID #: _____
(please print)

Signature: _____ Date: _____

Instructions: Return completed form to Human Resources, JCK 360, or fax 512.245.1942. Questions may be directed to hr@txstate.edu or call 512.245.2557.