



Faculty Salary Pay Schedule Selection Form

I have been advised that as faculty member I may elect a 21 salary pay schedule or a 26 salary pay schedule upon employment with the University and prior to the beginning of each academic year. An opportunity to make subsequent changes to my selection will only be made available prior to the beginning of each new academic year. Changes during the academic year are not authorized.

[Please Select One]

___ I elect to have my salary distributed over a 21 pay schedule. Faculty members will be paid their salary in equal biweekly payments over the academic year with a multiple deduction for health premium costs for the summer months taken on or before the final payment in June, if applicable. If there is an increase in premium rates for health insurance benefits effective July 1, the faculty member will be responsible for paying the additional premium.

___ I elect to have my salary distributed over a 26 pay schedule. Faculty members who are employed on an academic year basis will be paid their salary in equal biweekly payments, over the 12-month period with health benefit deductions continuing during the entire period. If a faculty member separates from service prior to the ending date, the faculty member will be paid all earned, but unpaid salary in a single lump sum within 30 days of the end of the pay period in which the separation from service occurred. "Separation from service" has the same meaning as provided in Section 409A of the Internal Revenue Code, and includes any voluntary or involuntary termination from service, including, but not limited to, retirement or death.

Any election of a pay schedule shall continue until revoked in writing by the faculty member. If the faculty member revokes the election, such revocation shall become effective on the first day of the academic year following the year in which the employee met the election filing deadline. Faculty members who fail to file a Faculty Salary Pay Schedule Selection Form as required will forfeit their ability to select a pay plan for the academic year and will default to the 26 pay schedule.

Signature:

Printed Name:

Date:

Social Security Number:

Please return this form to HRIS@morgan.edu or the Human Resources Office in Tyler Hall

For OHR Use Only

Receiver Signature:

Printed Name:

Date: