



# FACULTY PAY OPTION FORM

**Instructions**

1. If you are a **new employee**, please complete this form and return it along with your signed offer letter to your dean's office.
2. If you are a **returning employee** wishing to change your pay option, you may do so by completing a new form and forwarding it to the payroll office. Pay option changes will become effective at the beginning of the **next available academic year**.

Faculty Member's Name: *(Type or Print)*

SS# or MU ID#

Rank:

Length of Appointment: *(Check one)*      \_\_\_\_\_ 9 months      \_\_\_\_\_ 10 months

Salary:

*Note: House Bill 4012, passed February, 2002, determined that new salaried positions as of July 1, 2002, will always be paid one pay period in arrears. Employees are paid twice monthly on the last working day of each pay period. The last check for the 18-pay option will be received at the end of May; the last check for the 24-pay option will be received at the end of August.*

*This does not apply to an employee who transfers from one state agency, state institution of higher education, or the Higher Education Policy Commission to another of the same. Effective dates for benefits are based on the employment date and are not changed by HB 4012.*

The pay option chosen below will be irrevocable for the work period to which it applies. Any changes made to an existing payment option will take effect at the beginning of the next available appointment period/academic year.

**This pay option form will remain in effect until changed by you. If you experience a change in employment class or in appointment period for your primary job, a new faculty pay option form must be submitted.**

**If a pay option form is not received by the Payroll Office by the August 15<sup>th</sup> deadline, payment will default to being made over your appointment period/academic year. In order for this payroll option form to take effect, the Personnel Action Form (PAR) for employment must be received in the human resources and payroll offices by the applicable deadlines.**

I have read and understand the above statements, and elect to have my salary paid: *(Check one)*

9 Month Appointments:      \_\_\_\_\_ 18 pay periods      \_\_\_\_\_ 24 pay periods

10 Month Appointments:      \_\_\_\_\_ 20 pay periods      \_\_\_\_\_ 24 pay periods

Signature:

Date:

ORIGINAL PAY OPTION FORMS SHOULD BE FORWARDED TO THE PAYROLL OFFICE.

**FOR CHANGES TO BE EFFECTIVE FOR THE STANDARD ACADEMIC YEAR, THIS FORM MUST BE RECEIVED BY THE PAYROLL OFFICE BEFORE AUGUST 15<sup>TH</sup>.**