MARSHALL UNIVERSITY

FACULTY PAY OPTION FORM

1. PLEASE COMPLETE THIS FORM AND RETURN IT ALONG WITH YOUR SIGNED OFFER LETTER TO YOUR DEAN'S OFFICE. YOUR DEAN WILL FORWARD THIS FORM TO THE OFFICE OF THE PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS ALONG WITH YOUR PERSONNEL ACTION REQUEST FORM (PAR).

2. THIS PAY OPTION WILL REMAIN IN EFFECT UNTIL CHANGED BY YOU. THIS IS THE LAST TIME YOU WILL BE RECEIVING THIS FORM FOR COMPLETION. IF YOU SHOULD LATER WISH 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 ACADEMIC YEAR. FORMS ARE AVAILABLE IN YOUR COLLEGE DEAN'S OFFICE.

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, determines 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. Sick and annual leave will accrue from the date of employment.

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: