



# 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. Pay option changes begin with fall semester of the next available academic year if this original form is received in the Payroll Office by August 15.
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 if received in the Payroll Office by August 15.

Employee's Name: *(Type or Print)*

SS# or MU ID#

Rank:

Length of Appointment: *(Select one)*      9 months    "''''''''10 months    "''''''''''11 months

Salary:

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 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.**

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

Paid over Length of appointment

Paid over 12 months

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>.**