

TEXAS TECH

Faculty 12 Month Salary Spread Request

To: Payroll Department
Mail Stop 1092
Texas Tech University
Lubbock, Texas 79409

DATE:

LAST NAME

FIRST NAME

MIDDLE NAME

SSN or TECH ID

TITLE

DEPARTMENT

I hereby request that my nine (9) month faculty salary be paid to me in twelve (12) equal installments beginning with the school year that starts in September _____ (Year).

- I agree that it is my responsibility to review my pay each September to ensure that this request is in effect.
- I understand that the purpose of the salary spread is to equalize pay over 12 months and agree that if the initial appointment for a fiscal year is greater than 9 months, the full appointment will be considered in the calculation of the 12 equal payments.
- I agree that any time my appointment is for less than 9 months or there is a break in service this salary spread request will automatically be inactivated, and will be reactivated at the start of the next fiscal year in which I have a qualifying 9 month appointment.
- I agree that this request cannot be honored if my salary is being funded totally by Current Restricted Funds or the percent of funding from Current Restricted Funds does not permit the salary spread. The salary spread will be applied to base pay only. Any salary supplement will be paid as authorized.
- I agree that this request cannot be changed during the 12 month period unless my employment with the University is terminated. If the termination date submitted by my department is prior to August 31, the balance of the salary spread due to me will be paid off in one payment on the first available payroll following both termination date and receipt of terminating paper work in the Payroll Department. The size of this payment could result in an inflated income tax deduction.
- I agree that, except for the above, this payment plan will remain in effect until I notify the Payroll Department in writing to cancel this request. This notification must be made prior to September 1 of any year to be effective for the academic year.

Signature _____ Date _____
