

University of Colorado Denver
Faculty Compensation Election for Academic Year 2015-2016

I, _____
(Print NAME)

(Six-digit EMPLOYEE Payroll ID -
not social security number)

hereby authorize the allocation of my 2015/2016 academic year salary to be paid:

Options for existing Faculty:

- 9 pay 9 (September 2015 – May 2016)
 9 pay 12 (September 2015 – August 2016)*

Options for newly hired academic year faculty:

- 10 pay 10 (August 2015 – May 2016)
 10 pay 13 (August 2015 – August 2016)*
 9 pay 9 (September 2015 – May 2016)
 9 pay 12 (September 2015 – August 2016)

***If I elect 9 pay 12 or 10 pay 13, I understand that:**

1. My academic year salary will be disbursed to me in equal payments over the academic year and the summer.
2. This election will take effect for the academic year following the date it was signed.
3. My deductions will be processed the same as for 12-month employees on each paydate with monthly deductions.
4. I will not be allowed to revoke this election during the academic year, and that the pay out will be made in accordance with the standard 12-month distribution schedule, except in the event of my termination, death, disability or unforeseeable emergency, when pay out of funds may be legally required.
5. My participation in this plan will continue from academic year to academic year until I stop it prior to the beginning of a new academic year.
6. Receipt of installments over the academic year and the summer does not affect the status of my appointment which remains on an academic year basis.

Signature: _____ Date: _____

Department: _____

Email: _____

Please submit the signed election form to your School or College HR Business Partner by the School or College deadline date.

New employees will have 30 days from date of hire to make an election.

The form must be submitted by the School or College to Employee Services by **June 30, 2015**.