

**ELECTION FOR FACULTY MEMBERS OF PAY PERIODS
FOR ACADEMIC YEAR'S SALARY**

I hereby elect to receive my academic years' salary over:

TWENTY-SIX (26) PAY PERIODS

TWENTY (20) PAY PERIODS

I understand that if I elect payment over twenty-six (26) pay periods, these payments shall commence at the beginning of the academic year, as would be the case if I were being paid over twenty (20) pay periods. Also, if I elected to receive payment over twenty-six (26) pay periods, in no event shall I receive more compensation in twenty-six (26) pay periods than I would have received in twenty (20) pays. I understand that no change to this election may be made by me unless approved by the APSCUF and State System of Higher Education. I also understand that this election shall in no way diminish any additional compensation to which I may be entitled for summer employment.

I understand that by signing this form, I also agree not to file a grievance if an error occurs during the processing of my pay option change. I also understand that if I elect to convert from the twenty-six (26) pay option to the twenty (20) pay option and have a current outstanding conversion payment, that conversion payment will be recovered from the first payment of the academic year, which is affected by this change.

Signature of Faculty Member

Date

Printed Name of Faculty Member

Date

Social Security Number of Faculty Member

University Name