UNIVERSITY OF HOUSTON FACULTY PAY OPTIONS

NOTE: This form is required for all new faculty and continuing faculty changing pay options. This form must be submitted to Academic Affairs before the first day of classes for the academic year.

The University of Houston offers to eligible faculty the option of receiving their academic year (9 months or more) salary over a period of up to twelve months. The pay option allows a faculty member to receive twelve equal (prorated) payments for the pay distribution period October 1 to September 1, rather than nine equal payments dated October 1 to June 1. Your salary will be direct-deposited into your designated bank account on a monthly basis on the first of the month beginning October 1. Eligibility is denoted by a nine month contract, ten month contract, eleven month contract, or twelve month contract and a salaried position. Once a pay option is elected, it is irrevocable for the academic year pursuant to IRS Code Section 409A, et seq. to avoid a possible 20% excise tax penalty. Further, the option is automatically carried forward into each new academic year unless a change in pay option is submitted prior to the 1st day of classes of the effective year.

In order to secure proper identification into the University payroll system, it is essential that pay option selections be communicated upon acceptance of faculty status. In order to facilitate this process, please complete the information requested below and return with your formal acceptance transmittal prior to the 1st day of classes of the academic year.

| Name (Type or print legibly) | Empl ID |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| College | Department |
| Academic Year | |
| I wish to receive my pay in (check one): | |
| 9 equal payments (if 9-month faculty) | or 9 pay 12 (9-month salary paid over 12 months) |
| 10 equal payments (if 10-month faculty) | or 10 pay 12 (10-month salary paid over 12 months) |
| 11 equal payments (if 11-month faculty) | or 11 pay 12 (11-month salary paid over 12 months) |
| 12 equal payments (if 12-month faculty) | |
| Note: If the appointment is made after the start period of time actually worked. | t of the academic year, compensation must be distributed over the |
| further that this election will be automatically cathe University, <i>unless</i> I submit a change in my pyear that the change is to become effective. I al | on is <i>irrevocable for this current academic year</i> . I understand carried forward to each new academic year that I am employed by pay option election prior to the first day of classes of the academic lso understand that once a academic year starts with the first day of above option is irrevocable for that academic year. |
| Signature | Date |