

University of Colorado Denver
Faculty Compensation Election for Academic Year 2018-2019

I, _____
(Print NAME)

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

hereby authorize the allocation of my 2018/2019 academic year salary to be paid:

Options for existing Faculty:

- 9 pay 9 (September 2018 – May 2019)
 9 pay 12 (September 2018 – August 2019)*

Options for newly hired academic year faculty:

- 10 pay 10 (August 2018 – May 2019)
 10 pay 13 (August 2018 – August 2019)*
 9 pay 9 (September 2018 – May 2019)
 9 pay 12 (September 2018 – August 2019)

***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 payday 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: School of Education & Human Development

Email: _____

Please submit the signed election form to SEHDHR@ucdenver.edu by June 22, 2018.

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