



# FACULTY PAY OPTION FORM

University of Houston  
D O W N T O W N

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

The University of Houston-Downtown offers to full-time eligible faculty the option of receiving their academic year (9 months) 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. 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 first 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 prior to the first day of classes of the academic year.

Academic Year

<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>
Name	Employee ID Number	Department

I wish to receive my pay in (check one):  9 equal payments (October - June)  
 12 equal payments (October - September)

*Note: If the appointment is made after the start of the academic year, compensation must be distributed over the period of time actually worked.*

I understand that my election of the above option is irrevocable for this current academic year. I understand further that this election will be automatically carried forward to each new academic year that I am employed by the University, unless I submit a change in my pay option election prior to the first day of classes of the academic year that the change is to become effective. I also understand that once an academic year starts with the first day of classes in the fall semester, my election of the above option is irrevocable for that academic year.

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Employee Signature

\_\_\_\_\_  
Date