Salary Spread Request

Instructions: Please complete and print this form to elect or cancel salary spread. Once completed, the form should be sent to Payroll Services, located in the Main Building (tower), room number 134. Campus mail address: MAI 134, mail code G0200.

REQUIREMENTS: Employees with a nine-month basis assignment may be eligible to spread their salary evenly over the 12 months of the fiscal year by completing this Salary Spread Request form. Once elected, the salary spread arrangement is irrevocable for the remainder of the fiscal year. It will remain in effect for future fiscal years unless a subsequent request is made to cancel the election or the employee becomes ineligible.

To be eligible to elect salary spread, the following conditions must be met:

1) The employee must be assigned to a faculty position

2) The job assignment to be spread must:
   a. be nine-month basis
   b. end by May 31 (i.e., not a summer assignment)
   c. not be paid from a 26 account number (i.e., grant account)

3) The election form must be received in Payroll Services by:
   a. August 31, for an employee assigned for the fall semester
   b. January 15, for a new employee assigned for the first time in the spring semester

CHANGE IN STATUS: In the event that the employee no longer meets the requirements above, a full settlement of all reserved amounts will be paid to the employee. The salary spread will be reinstated for future assignments when the employee is compliant with the stated requirements. Other changes in status that may result in the cancellation of salary spread and a settlement of reserved amounts include separation, retirement, or death.

RETIREMENT AND INSURANCE INFORMATION: Benefits eligible employees who elect salary spread and participate in either the Teacher Retirement System (TRS) or the Optional Retirement Program (ORP) will make a retirement contribution from each of the 12 payroll checks. Employees who participate in the UTSaver TSA 403(b) or DCP 457(b) programs have the option to make contributions on a nine or 12 month basis. Benefits eligible employees enrolled in insurance coverage who elect salary spread will have insurance premium deductions and premium sharing additions on each of the 12 payroll checks. For questions regarding your UTSaver participation or insurance coverage, please contact the Human Resource Service Center (HRSC) by email at HRSC@austin.utexas.edu or by phone at 512-471-4772.

PLEASE SELECT ONE OF THE FOLLOWING:

_____ELECTION: I request that my nine-month salary be SPREAD so that I receive payments in the summer. If I wish to discontinue salary spread, I understand that I must submit a new form reflecting my cancellation choice, which will take effect September 1 of the next fiscal year.

_____CANCELLATION: I request CANCELLATION of salary spread. I understand that this request will go into effect September 1 of the next fiscal year.

I certify that I have read, understand, and meet the requirements provided above.

Name: ___________________________________________ UT EID: ______________________
(Please print)

Signature: _____________________________________ Date: ______________________

Please direct salary spread questions to pr.pmt@austin.utexas.edu or 512-471-5271.

Revised May 2013