

# **SALARY SPREAD REQUEST**

*Instructions: Complete and print this form to elect or cancel salary spread. Send it to Payroll Services, MAI 134, G0200.*

**REQUIREMENTS:** Employees with a nine-month basis appointment 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 until cancelled by submitting this form to Payroll Services or until the employee becomes ineligible.

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

- 1) The employee must hold an eligible position of either:
  - a. Faculty (excluding Assistant Instructors) **or**
  - b. Researcher in combination with a Faculty title.
- 2) The employee must not be a State of Texas retiree.
- 3) The job appointment to be spread must:
  - a. be a nine-month basis appointment (applies to both Faculty and Research appointments).
  - b. end before June (i.e. not a summer appointment).
  - c. not be paid from a 26 account number (i.e. grant account).
- 4) The election form must be received in Payroll Services by:
  - a. August 31, for an employee appointed for the Fall semester.
  - b. January 15, for a new employee appointed 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 appointments when the employee is compliant with the stated requirements. Other changes in status that will 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 or the Optional Retirement Program 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 9 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](mailto: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:** \_\_\_\_\_  
(Please Print)

**UT EID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please direct salary spread questions to Jackie McKay via email at [jmckay@austin.utexas.edu](mailto:jmckay@austin.utexas.edu), or by phone at (512) 475-7141.