



TWELVE-MONTH PAY REQUEST

I _____ certify that I meet the following qualifications:
(Employee Name)

1. Must be a benefited employee
2. Not planning to end employment prior to the end of the 12 month period following the contract start date
3. Base academic year salary is less than \$162,000.00
4. This form will be completed and submitted to Human Resources no later than 15 days prior to the start of the contract period to which it applies.

I understand that:

This election will automatically renew each year, unless I submit a request, in writing to Human Resources.

Per IRS regulations, an employee's election to be paid over twelve months is irrevocable with respect to the remainder of the twelve-month period. This means that if you sign up for payment over twelve months, or allow your election to automatically renew, we are not allowed to let you change that payment schedule during the academic year.

_____ I hereby authorize UND to pay my salary over 24 pay periods, beginning with the first regular payday for the start of
(Initial) my appointment. Should there be a change in my employment status that affects my pay schedule, I authorize UND to deduct from my paycheck(s) amounts sufficient to ensure full payment of any unpaid voluntary deductions due and owing.

Choose One:

_____ I understand that payment over 24 pay periods will automatically renew each year. I understand that this
(Initial) election is irrevocable with respect to the academic period that I am enrolling.

OR

_____ I wish to discontinue my participation Twelve Month Payment program effective with the start of my next
(Initial) Academic Year appointment.

(Signature)

(Employee ID)

(Date)

(Contract Start Date)

Submit the completed form to:

Human Resources

Fax: (701) 777-4721

Email: UND.humanresources@UND.edu

Questions? Call (701) 777-4426