

**University of North Dakota
TWELVE MONTH PAYMENT REQUEST**

Name (Please Print): _____ Empl ID: _____

I certify that I meet the following qualifications:

1. Must be benefited
2. Not planning to terminate employment prior to the end of the 12 month period following the contract start date
3. Base Academic Year Salary less than \$162,000.00
4. This form will be completed and in the Payroll Office 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 the Payroll Office, no later than 15 days prior to the start of the next contract period.

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 next year.

_____ I hereby authorize UND to pay my salary over 24 pay periods, beginning with the first regular payday for the start of 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. I understand that payment over 24 pay periods will automatically renew each year, unless I notify the Payroll Office, in writing, no later than 15 days prior to the start of the new appointment period. I understand that this election is irrevocable with respect to the academic period that I am enrolling and continuing into the future, unless I notify Payroll at least 15 days prior to the start of my next appointment period.

_____ I wish to discontinue my participation Twelve Month Payment program effective with the start of my next Academic Year appointment. This election MUST be in the Payroll Office no later than 15 days prior to the start of your next appointment period.

Signature

Date

Contract Start Date

Hand Deliver to: UND Payroll Office, Twamley Hall Room 312

Or Mail to: UND Payroll Office
264 Centennial Drive Stop 7127
Grand Forks, ND 58202-7127