

Faculty Salary Spread Request Form

Overview

This form is used by eligible 9-month UT Arlington faculty members with 1.0 FTE appointments to elect salary spread. This option will allow faculty members to spread their gross salary over the 12-month earnings period of October through September, rather than nine equal payments from October through June.

Instructions:

This form must be signed and submitted to academichr@uta.edu no later than **August 1** and will go into effect the next fiscal year beginning September 1.

This form is required to be completed for all new and current faculty who chose to participate in salary spread.

Faculty Information:	
Employee ID:	Date:
Last Name:	First Name:
Department:	Title:
 I understand that once salary s remainder of the fiscal year. A prior to August 1st of any year I agree that it is my ongoing re this request is effective for the @academichr@uta.edu immed I agree that the salary spread w compensation, bonus, or supplement 	bread has been elected, the arrangement is irrevocable for the ancellation form must be submitted to academichr@uta.edu to be effective for the subsequent fiscal year (effective Sept 1 sponsibility to review my pay each September to ensure the new fiscal year and notify Academic Human Resources lately of any issues. We applied to my base salary only. Any additional ement will be paid as authorized. It is a provided to my base salary only. Any additional ement will be paid as authorized.
Signature:	Date:

Please direct questions to:

- Questions about the Salary Spread Policy: facultyemployment@uta.edu
- Changes in position, or salary spread eligibility: academichr@uta.edu.
- Questions regarding net pay: Payroll@uta.edu

Typing or copying a signature in this space constitutes an offical signature.

• Questions regarding benefit elections or UTSaver participation: benefits@uta.edu