

Faculty Salary Spread Cancellation Request Form

Overview:

This form is used by 9-month UT Arlington faculty members with 1.0 FTE appointments to cancel a previous request salary spread request.

Once salary spread cancellation has been requested, the arrangement is irrevocable for the remainder of the fiscal year.

After this form is processed, if you wish to be re-enrolled in Salary Spread at the start of the next fiscal year, and you meet the requirements, a new Salary Spread Request Form must be submitted.

Instructions:

This form must be fully completed and submitted to hris@uta.edu no later than **August 1**. The election will go into effect the next fiscal year, beginning September 1.

Forms received after the deadline will be processed and be effective 9/1 of the **next fiscal year**.

Faculty Information:

Employee ID: _____ Date: _____
Last Name: _____ First Name: _____
Department: _____ Title: _____

- I confirm that I want to cancel my salary spread election and I understand that this request will go into effect the next fiscal year, beginning September 1. I understand that my current pay schedule will continue until my new academic year contract begins.
- I understand that if salary spread is not elected, a double deduction for insurance premiums will be withdrawn in March, April, and May (for June, July, August months) if I have benefit elections.
- I understand that once salary spread has been canceled, the arrangement is irrevocable for the remainder of the fiscal year.
- I certify that I have read and understand all of the accompanying information about Salary Spread that was provided to me along with this form.

X _____ **Date:** _____

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

Please direct questions to:

Questions regarding net pay: Payroll@uta.edu

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

Changes in position, or salary spread eligibility: hris@uta.edu