

**ELECTION FOR FACULTY MEMBERS  
OF PAY PERIODS FOR ACADEMIC YEAR'S SALARY**

I hereby irrevocably elect to receive my 2014-2015 academic years' salary over:  
(Place an "X" in the appropriate box).

Twenty-six (26) Biweekly Pay Periods

Twenty (20) Biweekly Pay Periods

I understand that if I elect payment over twenty-six (26) biweekly pay periods, these payments shall commence at the beginning of the 2014-2015 academic year, as would be the case if I were being paid over twenty (20) biweekly pay periods. Also, if I elect to receive payment over twenty-six (26) biweekly pay periods, in no event shall I receive more compensation in twenty-six (26) biweekly pay periods than I would have received in twenty (20) biweekly pays. I understand that this election will continue for subsequent academic years and that no additional change to this election may be made by me until April of 2015, effective for 2015-2016 academic year. I also understand that this election shall in no way diminish any additional compensation to which I may be entitled.

I understand that by signing this form, I also agree not to file a grievance if an error occurs during the processing of my pay option change. I also understand that if I elect to convert from the twenty-six (26) biweekly pay option to the twenty (20) biweekly pay option and have a conversion on pay liability, that conversion pay liability will be recovered from the first paycheck of the fall 2014 semester, which will occur on September 19, 2014.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Identification Number of Faculty Member

\_\_\_\_\_  
University

Return one completed copy of this form to your Human Resource Office between April 1, 2014 and April 30, 2014. Any forms received after April 30, 2014 will not be processed.

**PLEASE DO NOT RETURN THIS FORM TO APSCUF**