

# Contract to Elect or Terminate 9 Months Pay Over 12 Months

Academic Faculty, Administrative Professionals,  
Veterinary and Clinical Psychology Interns,  
Post Doctoral Fellows  
**HUMAN RESOURCES**

I, \_\_\_\_\_ (CSU ID) \_\_\_\_\_ hereby request and authorize that my salary applicable to a nine-month appointment be paid in installments over a twelve-month period beginning in September.

I understand that I will **not** receive any Academic Year salary for the month of August in the first year of this payment plan.  
\_\_\_\_\_ (Employee initial)

**Deadline:** Submit this form to the Human Resources Office by **August 1<sup>st</sup>**.

I agree to the following:

1. My agreement to a twelve-month basis of pay will be in effect continuously as long as I continue as an actively working (note, leave without pay is not considered an active status), full-time nine-month Faculty or Admin Professional at Colorado State University, unless the privilege is withdrawn by the University or unless at my option I provide a written, signed notice of cancellation (see below).
2. I understand that I will not be able to revoke this election during the academic year and that the payment will be made in accordance with the established distribution schedule except in the event of my separation or death.
3. I understand that receipt of installments over a twelve-month period does not affect the status of my appointment which remains on a nine-month basis.
4. I understand that if my termination coincides with the ending of the academic year that the remaining balance of my academic year salary will be paid in the form of a lump sum payout less applicable taxes and benefits. Coverage for benefits will be extended through July 31 of that year.

\_\_\_\_\_  
Employee Signature (*electronic signature accepted*)

\_\_\_\_\_  
Date

## Request for Termination of Twelve Month Payroll Option

I, (Name), \_\_\_\_\_ (CSU ID) \_\_\_\_\_

Herby request the termination of my participation in the Twelve Month Payroll Option. I understand that my salary will revert to the standard academic year schedule. This form should be submitted by **August 1**.

\_\_\_\_\_  
Employee Signature (*electronic signature accepted*)

\_\_\_\_\_  
Date

Return form to: HR Records (Faculty)  
6004 Campus Delivery

HR Use Only				
HR Records	Date	HR Payroll	Date	Received



**HUMAN RESOURCES**  
COLORADO STATE UNIVERSITY

555 S. Howes Street, 2<sup>nd</sup> Floor | Campus Delivery 6004  
Fort Collins, CO 80523-6004  
P: 970-491-MyHR (6947) | [hr.colostate.edu](http://hr.colostate.edu)