



AUTHORIZATION FOR PAYROLL OPTION PLAN-Faculty

IRS Regulation 409(A) was enacted in October 2004 and becomes effective for academic years beginning with the 2008-2009 academic year. It applies to compensation faculty earn in one year but that is not paid until a future year. Section 409(A) requires an irrevocable election be offered prior to the commencement of the academic year that allows faculty to defer their pay over a 12-month period.

Effective with academic years commencing after January 1, 2008, the Internal Revenue Service (IRS) implemented Code §409A which allows faculty an irrevocable choice to have their salary paid out over a nine- or twelve-month period. Such elections must be in writing, completed prior to the beginning of the academic year, and cannot be changed after the commencement of the academic year. Failure to comply with the IRS Regulations could subject faculty to a 20% additional income tax.

I, _____, (A#) _____,
(PRINT NAME)

elect to be paid over: (check one option only)

- a 12-month pay option from September 1 through August 31 of the following year
- a 9-month pay option from September 1 through May 31 of the following year

This option does not affect employment or benefit status.

After you have exercised this election, please be advised that all salary for future academic years will be paid in the same manner unless you complete a new authorization electing to receive your pay over a different pay option and submit to the Office of Human Resources prior to the commencement of the ensuing academic year. Changes in status that will result in the cancellation of salary pay option and a settlement of reserved amounts include separation, retirement, or death.

Note: This form must be returned to the Office of Human Resources by August 14, 2009.

I understand that:

1. My academic year salary will be disbursed to me equally over the election period chosen above.
2. IRS Regulations mandate that this is an irrevocable decision, and I will not be allowed to revise this election during a plan year.
3. This election shall remain effective each subsequent academic year – unless I elect to revise this election prior to the next plan year.

Signature: _____ Date: _____

Department: _____ Email: _____

If you fail to return this form by the stated deadline, you will be placed on the **9-month pay option**.