



# LAKE SUPERIOR STATE UNIVERSITY

## Optional Pay Deferral Election 9-Month Employees

Date: \_\_\_\_\_

I wish to be paid by the pay plan option indicated below:

\_\_\_\_\_ OPTION 1 – Total academic/contract year salary to be paid in twenty (20) consecutive bi-weekly payments.

\_\_\_\_\_ OPTION 2 – Total academic/contract year salary to be paid over a twelve (12) month period which will be paid in twenty-six (26) consecutive bi-weekly payments.

I understand that my election of the above option is **irrevocable** for this current academic/contract year. I understand further that this election will be automatically carried forward to each new academic/contract year that I am employed by the University, unless I submit a change in my pay option election prior to August 1<sup>st</sup> for each new academic/ contract year that the change is to become effective.

Employee's Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Department \_\_\_\_\_

Academic/Contract Year \_\_\_\_\_

Date received in HR \_\_\_\_\_