

## Faculty Salary Spread Request

### Overview

This form is used by eligible 9-month UT Arlington faculty members with 1.0 FTE appointments to elect salary spread. This option will allow faculty members to spread their gross salary over the 12-month earnings period of **October through September**, rather than nine equal payments from **October through June**.

### Instructions:

This form must be signed and submitted to [HRIS@uta.edu](mailto:HRIS@uta.edu) no later than **August 31** and will go into effect the next fiscal year, beginning **September 1**.

This form is required to be completed for all new faculty and current faculty who choose to participate in salary spread.

### Faculty Information:

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

- I request that my nine (9) month faculty salary be paid to me in twelve (12) equal monthly payments beginning with the fiscal year that starts September 1.
- I understand that once salary spread has been elected, the arrangement is irrevocable for the remainder of the fiscal year. A cancellation form must be submitted to [HRIS@uta.edu](mailto:HRIS@uta.edu) prior to **August 31** of any year to be effective for the subsequent fiscal year (**effective Sept 1**).
- I agree that it is my ongoing responsibility to review my pay each September to ensure that this request is effective for the new fiscal year and notify [HRIS@uta.edu](mailto:HRIS@uta.edu) immediately of any issues.
- I agree that the salary spread will be applied to my base salary only. Any additional compensation, bonus, or supplement will be paid as authorized.
- I certify that I have read and understand all the accompanying information, including the Faculty Spread Information document and the Policy details about Salary Spread that were provided to me with this form.
- I accept the following conditions that I will **NOT** have:
  - a. Salary paid by a grant during the academic year, other than summer salary.
  - b. **No** possibility of applying grant funding for salary during the academic year.

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

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

### Please direct questions to:

- Questions about the Salary Spread Policy: [ahr@uta.edu](mailto:ahr@uta.edu)
- Changes in position, or salary spread eligibility: [HRIS@uta.edu](mailto:HRIS@uta.edu).
- Questions regarding net pay: [Payroll@uta.edu](mailto:Payroll@uta.edu)
- Questions regarding benefit elections or UTSaver participation: [benefits@uta.edu](mailto:benefits@uta.edu)