

Faculty Salary Spread Cancellation Request Form

Overview:

This form is used by 9-month UT Arlington faculty members with 1.0 FTE appointments to cancel a previous request salary spread request.

Once salary spread cancellation has been requested, the arrangement is irrevocable for the remainder of the fiscal year.

After this form is processed, if you wish to be re-enrolled in Salary Spread at the start of the next fiscal year, and you meet the requirements, a new Salary Spread Request Form must be submitted.

Instructions:

Faculty Information:

This form must be fully completed and submitted to hris@uta.edu no later than August 31. The election will go into effect the next fiscal year, beginning September 1.

Forms received after the deadline will be processed and be effective 9/1 of the **next fiscal year**.

Employee ID:	Date:
Last Name:	
Department:	
request will go into effect the next fisc	y spread election and I understand that this al year, beginning September 1. I understand uue until my new academic year contract begins.
 I understand that if salary spread is insurance premiums will be withdrawn i months) if I have benefit elections. 	not elected, a double deduction for n March, April, and May (for June, July, August
 I understand that once salary spread ha irrevocable for the remainder of the fisc 	
 I certify that I have read and understand Salary Spread that was provided to me 	d all of the accompanying information about along with this form.
Signature	Date:

Please direct questions to:

Questions regarding net pay: Payroll@uta.edu

Questions regarding benefit elections or UTSaver participation: benefits@uta.edu

Changes in position, or salary spread eligibility: hris@uta.edu