

**FAS and FES Ladder Faculty  
Salary 9 Month Program Election Form  
for  
Academic Year: September 1, 2009 – May 31, 2010  
Due May 15, 2009**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Eligibility Requirements & Conditions of Participation:**

- Must be a ladder faculty member in FAS or FES;
- At least one sponsored award with a minimum of 1 month of salary to charge during the academic year must exist at the time of election;
- Must agree to be paid in 9 monthly installments (9 over 9 compensation, Sept through May); and
- The obligation to support graduate students remains and must be honored. Assistants in Research, as defined by Graduate School policy, may be supported by either your sponsored award(s) or your research account.

**Participation – Check one – If you elect not to participate, go to faculty signature section after checking appropriate box, otherwise complete the entire form:**

I **elect** to participate in the Faculty Salary 9 Month Program .....   
 I **do not elect** to participate in the Faculty Salary 9 Month Program .....

**Salary Allocation Plan - Sponsored Awards to be charged during academic year:**

If you elect to participate in the program, you must identify your salary allocation plan for the academic year. Please list the awards/grants and the number of academic months you wish to direct charge during the academic year.

<u>Award / Grant</u>	<u># Academic Months</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total # Academic Months\*:** \_\_\_\_\_

(\* Must not exceed 4.5 academic months either as a direct charge and/or as a cost sharing commitment.)

**Benefits:**

I elect to participate in the program and understand that my benefits will continue uninterrupted as long as I select one of the following benefit payment options. Please check one.

No change to benefits needed -12 paychecks anticipated .....   
 Pre-pay benefit premiums in June .....   
 Catch-up on benefit premiums in September .....   
 Receive billing statement & direct pay .....

\_\_\_\_\_  
 Faculty Signature Date

*Please submit this signed form to your departmental Business Office*

Reviewed: \_\_\_\_\_  
 Business Office Date

Approved: \_\_\_\_\_  
 Chair Date

Approved: \_\_\_\_\_  
 Provost Date