



## Eastern Washington University Faculty Twelve Month Pay (TMP) Enrollment/Withdrawal Form

This optional plan provides a method for eligible faculty to spread their academic year salary over 12 months. Payroll deductions are generally based on amount paid rather than amount earned. For example, federal withholding, retirement contributions, and FICA taxes are calculated on amount paid.

**You must properly complete and return this enrollment form to the Human Resources Office before close of business the first Monday in August to be eligible to participate in the Plan.**

<p><b>I certify that I will hold the following eligible position in the upcoming academic year:</b></p> <p style="margin-left: 40px;">Tenure Faculty Tenure Track Faculty Senior Lecturer Clinical Faculty</p>
<p><b>Employees who plan to take leave without pay in the coming year are not eligible.</b></p> <p><input type="checkbox"/> I certify that I have no plans to take leave without pay in the upcoming academic year.</p>

<b>SALARY EXAMPLE:</b>	
Approved Annual Salary:	\$ 72,000
9 Month – Semi-Monthly Gross:	\$ 4,000
12 Month – Semi-Monthly Gross:	\$ 3,000

<b><u>Action to be taken:</u> Faculty Must Initial</b>	
Enroll in Plan _____	Withdraw _____

**Employee ID:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Upcoming Academic Year:** \_\_\_\_\_

**By signing below, I certify that I have read the Plan documents and hereby elect to participate in the Plan and have my academic year appointment salary paid over 24 semi-monthly pay periods beginning the first pay period of the academic calendar. (See Plan and FAQ document on HR Website)**

I agree and understand the following:

- Once the submission deadline passes, my election is irrevocable for the applicable 12-month period. It will remain in effect for the entire 24 payments unless:
  1. My employment at Eastern Washington University terminates. At termination, my deferred earnings balance will be paid, net of applicable deductions, as soon as administratively practicable. **or**
  2. I go on leave without pay for a full pay period or longer. I understand I will be removed from the program as of my first full pay period of leave without pay. My deferred balance will be paid, net of applicable deductions, as soon as administratively practicable.
- My election to a 24 semi-monthly payment schedule will remain in effect from year to year as long as I continue as an eligible faculty member, unless I submit a Withdrawal Form. I understand that any Withdrawal **Form must be received by Human Resources before close of business the first Monday in August** of any year to be in effect for the upcoming academic year.
- I understand this election does not affect the status of my appointment which remains on the contracted basis.
- I understand Eastern Washington University reserves the right to make changes and/or terminate the Plan.

\_\_\_\_\_

**Employee Signature**

\_\_\_\_\_

**Date**

_____	_____
<b>Human Resources Official</b>	<b>Approval Date</b>

Note: HR approves/denies applications. Send completed form to Human Resources: Showalter 314 / Cheney, WA 99004  
**Hand-deliver, mail, fax (509.359.2874) or email scanned attachment of completed, signed form to HR@EWU.EDU**