

UMD SALARY PAYMENT SCHEDULE
FOR ENROLLING IN 9 or 10 OVER 12

MEMORANDUM OF AGREEMENT

I understand my contractual appointment is limited to the actual 9 or 10 month term dates established for each fiscal year.

I understand that if I terminate employment or take an unpaid leave of absence, I am responsible for full repayment of any salary overpayment that may exist.

I understand that my enrollment will remain in force until and unless I submit a subsequent form indicating my request to stop it.

Identify Effective Fiscal Year: _____

_____ Start the 9 or 10 over 12 payroll plan. The period to be paid under this payroll plan starts on the first day of the first pay period of the next fiscal year. By signing this agreement, I authorize the University of Minnesota to start paying my 9 or 10 month base salary over 12 months.

_____ Stop the 9 or 10 over 12 payroll plan. My current 9 or 10 over 12 payroll plan will stop on the last day of the last pay period of the current fiscal year. My adjusted payroll will start on the first day of my contractual 9 or 10 month appointment term next fiscal year. By signing this agreement, I authorize the University of Minnesota to end my current enrollment in the 9 or 10 over 12 payroll plan.

Name (printed/typed)

Employee ID

Signature

Date

Elections must be made by May 7 of the current fiscal year to take effect next fiscal year. Return this completed and signed form to the payroll administrator in your department/unit by May 7.

Central Payroll Office Use:

Approved by: _____ Date: _____