



TEXAS WOMAN'S
UNIVERSITY™

FACULTY OPTION FORM

EMPLOYEE INFORMATION

Employee Name: _____
Last *First* *M.I.*

TWU ID: _____ Department: _____ Date: _____

AUTHORIZATION AGREEMENT

For full-time faculty only (100% FTE for the Fall *and* Spring semesters):

I request that my faculty pay be spread over **twelve (12)** equal payments. I understand that this election will remain in effect until I complete this form again with the change and forward it to Payroll before classes begin. I understand this change can only be completed before classes begin in the fall.

I request that my faculty pay be spread over **nine (9)** equal payments. I understand that this election will remain in effect until I complete this form again with the change and forward it to Payroll before classes begin in the fall. By electing this option, I understand that all 12 months of insurance premiums will be deducted from these 9 payments.

NOTE: To make a change to your pay option, you must complete this form, sign it, and forward to payroll@twu.edu. The payment option can **ONLY be completed at the beginning of the fall semester before classes begin.**

SIGNATURES

PRINT NAME: _____

SIGNATURE: _____ Date: _____