

**MILLERSVILLE UNIVERSITY
ELECTION FOR FACULTY MEMBERS OF PAY PERIODS
FOR ACADEMIC YEAR'S SALARY**

I hereby elect to receive my academic year's salary over (place an "X" in the appropriate box):

Twenty-six (26) pay periods

Twenty (20) pay periods

I understand that if I elect payment over twenty-six (26) pay periods, these payments shall commence at the beginning of the academic year, as would be the case if I were being paid over twenty (20) pay periods. Also if I elect to receive payment over twenty-six (26) pay periods, in no event shall I receive more compensation in twenty-six (26) pay periods than I would have received in twenty (20) pays. I understand that this election shall in no way diminish any additional compensation to which I may be entitled for summer employment.

Signature of Faculty Member

Date

Printed Name of Faculty Member

Last 4 Digits of Social Security Number

Return one completed copy of this form to the Office of Human Resources