

NORTHERN MICHIGAN UNIVERSITY SALARY SPREAD AUTHORIZATION FORM

Northern Michigan University offers Tenure Track and Continuing Faculty the opportunity to spread their pay over the full year fiscal year beginning July 1 following the first year of employment. This opportunity is also extended to TOP, AP, and non-represented staff members whose jobs require them to work less than 12 months a year.

Faculty and staff members who elect this option must complete, sign, and submit the Salary Spread Authorization Form to Human Resources by June 30. The Salary Spread will be effective for all future years until revoked. The Salary Spread option is only available to be authorized or revoked at the beginning of the fiscal year.

AGREEMENT:

I understand that there are several situations in which the Salary Spread option may result in me being overpaid, including but not limited to:

- Promotion or transfer to another position/department
- Increase or decrease in hours/months
- Unpaid leaves of absence
- Separation from employment prior to the end of the fiscal year

I understand that by electing the Salary Spread option that it is possible for me to have been overpaid and consequently will owe Northern Michigan University for the amount by which I have been overpaid. I agree that if I am overpaid to have the amount owed deducted from my remaining paychecks prior to the end of the fiscal year or deducted from my final paycheck including any payout of annual leave. I agree to make other arrangements to pay Northern Michigan University for any amount of overpayment that cannot be recovered from my final paycheck.

I hereby authorize and request Northern Michigan University to spread my wages evenly throughout the fiscal year so that I will receive 26 equal paychecks throughout the fiscal year. I hereby fully, freely, and without intimidation by the employer, request and authorize the above salary spread for my benefit. I hereby acknowledge that by signing this authorization, I may be foregoing the immediate receipt of the amounts earned during the fiscal year so that I can receive 26 regular and equal paychecks throughout the fiscal year.

Date

Signature

University IN

Please Print Name

Department

I would like the above authorization revoked effective July 1, 20__.

Date

Signature