

LAMAR STATE COLLEGE-PORT ARTHUR
Salary Spread Election Form

Request for 9-month salary to be spread over 12 months in equal installments:

I hereby request and authorize that my nine (9) month salary for both regular semesters be paid to me in twelve (12) equal installments.

I understand and agree that this plan of payment cannot be changed during the twelve month period unless my employment with the College is terminated. If I terminate employment, all deferred salary will be paid to me on my next paycheck which could increase my tax withholding percentage for that month. I can only change this election prior to September 1 of any year, to be effective September 1. I also understand and agree that TexFlex and insurance deductions will be made on a twelve-month installment basis.

Request to change my 12-month salary spread back to a 9-month basis:

I hereby request and authorize that my current twelve (12) month salary spread be changed back to a nine (9) month pay basis.

I understand and agree that unless I work during the two summer sessions, no insurance deductions will be made and that I must pay my insurance premiums to Payroll in order to continue my insurance during the summer months. I further understand that my failure to pay these insurance premiums will result in my insurance being cancelled and that if I later wish to re-enroll in the College insurance programs, I must wait until an open enrollment and may be subject to evidence of insurability requirements (coverage may be denied by the insurance company).

For this election to be effective, I understand that this form must be received in Human Resources no later than August 31.

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Lamar State College-Port Arthur collects on me.

Please sign below and return this form to Human Resources, Business Office, Room 121. For more information, please call (409) 984-6237 or e-mail Rileytl@lamarpa.edu.

Signature of Employee: _____ Date: _____

Print Name: _____ LSC-PA ID _____