Name: ___________________________________________ Department: ________________________

Eligibility Requirements:
- Must be a ladder faculty member in FAS or FES;
- At least one sponsored award with a minimum of 1 month of salary to charge during the Academic Year must exist at the time of election;
- Must agree to be paid in 9 monthly installments (9 over 9 compensation, Sept through May); and
- Obligations made to support graduate students from your sponsored awards must be honored. If using research account funds to fulfill a graduate student commitment, the student must be appointed as a Graduate Student Assistant in Research in conformance with Graduate School Policy.

Salary Allocation Plan - Sponsored Awards to be charged during academic year:
If you elect to participate in the program, you must identify your salary allocation plan for the academic year. Please list the awards/grants and the number of academic months you wish to direct charge during the academic year. Please also list any existing academic year cost sharing commitments. The total number of academic months, including both direct charges and cost sharing commitments, may not exceed 4.5 months (2.25 months maximum if on phased retirement).

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<th>Sponsored Research Award</th>
<th># Academic Months</th>
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<td>Direct Charge</td>
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Total # Academic Months (may not exceed 4.5):

Benefits:
I elect to participate in the program and understand that my benefits will continue uninterrupted as long as I select one of the following benefit payment options. Please check one.

1) If full or partial summer salary expected in each of the three FY16 summer months – July 2015, August 2015, and June 2016 (i.e. 12 paychecks expected)
No change to Benefits Needed .................................................................

2) If no summer salary is expected in at least one FY15 summer month
(no paycheck is expected in at least one summer month)*
Pre-Pay Benefit Premiums in June .................................................................
Catch-Up on Benefit Premiums in September ...................................................
Receive Billing Statement & Direct Pay .........................................................

Faculty Signature Date

Faculty: please submit this signed form to your departmental Business Office by May 22, 2015
Business office: please submit reviewed form to the Provost’s office by May 29, 2015

Reviewed: _________________________________________ Approved: ________________________

Business Office Date Provost Date

cc: Department Chair

Revised April 2015