



Texas Southern University  
Office of Human Resources  
3100 Cleburne – Houston, TX 77004

## FACULTY PAY OPTION AUTHORIZATION

**9 Months**

**12 Months**

I hereby authorize Texas Southern University, Office of Human Resources to disburse my annual salary as indicated above, beginning September 1<sup>st</sup> and ending August 31<sup>st</sup> of each fiscal year. I understand that this arrangement is irrevocable during this period. **I further understand that authorization to disburse salary is required by September 1<sup>st</sup> of each fiscal year.**

**Submission deadline date: September 1 of each fiscal year**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ T #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Signature Required)

Home Address: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Extension: \_\_\_\_\_

Example:

Insurance deduction for HealthSelect – Member & Child(ren)

Member pays \$180.24 month

Pro-rated 9 month deduction would be:

Member & Child(ren)

Member pays \$240.32 month

Return form to: Office of Human Resources  
Hannah Hall Room 126  
Attention: Benefits Unit