



DEPARTMENT OF HUMAN RESOURCES – HANNAH HALL - ROOM 126

OFFICE: 713-313-7521 / FAX: 713-313-4347

## FACULTY PAY OPTION AUTHORIZATION FORM

**Submission deadline date: September 1<sup>st</sup>**

I hereby authorize Texas Southern University, Department of Human Resources to disburse my annual salary as indicated below (please check one):

**9 Months**

**12 Months**

This election is effective September 1<sup>st</sup>, I understand this arrangement is irrevocable during this period. I further understand this authorization will remain in effect until I choose to make a change.

PLEASE PRINT:

NAME: \_\_\_\_\_ T #: \_\_\_\_\_

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

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

(Signature Required)

Note: Monthly insurance premiums will be pro-rated for the 9-month election.

Take monthly insurance premium amount x 12, divide total by 9 for the monthly pro-rated premium.

Return completed form to:

Department of Human Resources  
Hannah Hall – Room 126  
Attention: HRIS Analyst