

**Rice University**  
**ACADEMIC SALARY PAYMENT OPTION**  
**(for Faculty Members Only)**

**Name** \_\_\_\_\_

**Employee ID #** \_\_\_\_\_ **Department** \_\_\_\_\_

The University has granted me the right to receive my academic salary paid (with normal deductions) on a nine or twelve-month basis. This election is irrevocable for the current academic year and continues unless revoked during the spring preceding the start of a new year. Any change in option is effective the following July 1<sup>st</sup>.

In either case, payments cover the fiscal year, July 1 through June 30, inclusive of the academic year, August 16 through May 15.

I elect the nine (9) month option

I elect the twelve (12) month option

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date