

As a University of Arizona employee on an academic year appointment, I am electing to enroll in the University's 9/12 Pay Plan Option. I understand that my salary will be distributed to me over the twelve month fiscal year, beginning July 1 and ending June 30, instead of over the term of my nine-month academic year appointment. I understand that payroll deductions for taxes and benefits will be taken out equally from two paychecks each month over the twelve-month period. I also understand that I may return to a nine-month academic year payment distribution plan <u>only</u> during a limited, specified period each year and that if such a change is elected it will not become effective until the beginning of the new fiscal year, July 1.

I understand I must withdraw from the plan if I plan to retire or enter into my final year of a phased retirement agreement, resign, have an FTE reduction, take a leave of absence or go on long-term disability during Fiscal Year 2025. If I remain on the plan and experience any of these changes, I agree to reimburse the University for any compensation received in excess of the amount to which I am entitled (excess payments). I understand the amount I owe the University of Arizona for excess payments will become due and payable at the time I do not complete the schedule and I hereby authorize the University to deduct from my last paycheck the amount of any excess payments. If my last paycheck is insufficient to cover all such excess payments, I agree to reimburse the University for any remaining excess payments owed within one month of not completing the twelve-month schedule, after which time they shall be deemed delinquent.

I understand that the University of Arizona shall have the right to pursue collection of delinquent excess payments through any available legal means and that I will be responsible for all collection expenses, reasonable attorney's fees and court costs incurred. I also understand that the University will be entitled to collect interest on delinquent excess payments at the rate established by A.R.S. Section 44-1201, not to exceed 25% of the total principal due. I further understand that if I am eligible to receive any monies other than salary from and through the University, such monies may be used by the University to recover excess payments, as well as accrued interest and associated collection expenses.

Employee Name (Please Print)	Employee Signature	Date
Employee Title	Employee Identification Number (EmpIID)	
Employee Email Address	Department Name	
Department Business Representative Name (Please Print)	Department Business Representative Signature	Date

Employee: Please give this completed 9/12 Pay Plan Option enrollment form to your department business representative by **Friday**, **May 10, 2024**.

Department: The deadline for the department and college/division to submit the 9/12 Pay Plan Option enrollment form through UAccess MSS to Workforce Systems is **Friday**, **May 17**, **2024**.

Late enrollments will not be accepted.

Questions? Contact Workforce Systems at workforcesystems@arizona.edu