

Pay Spread Authorization

Name: _____
Last First MI

SSN: _____ - _____ - _____

I authorize (check one): _____ Salary* paid on 12-month pay basis (Spread September - August).

***Applies only to contracts less than 12 months with
50% or greater appointment.**

_____ Salary paid as specified in contract (return if changing from 12-pay).

Requested effective date: _____

Signature: _____

Date: _____

Note: change from 12 pay basis to pay as specified in contract within a pay spread period increases your gross pay and may increase your tax rate. Please direct questions regarding net pay to the Payroll Office (298-1867). You may also wish to check with the Benefits Office (298-1853) regarding insurance eligibility due to any changes in pay options.

Return to:
Western Illinois University
Academic Personnel - Shennan Hall 211
1 University Circle
Macomb, IL 61455
(309) 298-2216

Office Use Only

FY: _____

Entered By: _____

Date Entered: _____