

THE UNIVERSITY OF ARIZONA.

Arizona's First University.

Human Resources
P.O. Box 210158
Tucson, AZ 85721-0158
Phone 520-621-3662
Fax 520-621-9098

9/12 PAY PLAN OPTION Enrollment Agreement

As a University of Arizona employee on an academic year appointment, I wish to enroll in the University's plan to distribute my salary over the period of the twelve-month fiscal year, July 1, 2008 to June 30, 2009 instead of over the term of my academic year appointment.

I understand that payroll deductions for taxes and benefits will be taken equally out of two paychecks each month over the twelve-month period. I also understand that I may change to the nine-month year payment distribution plan only during a 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.

If I enroll, I understand there will be a period of time during which I will receive compensation prior to my performing services for this compensation. In the event I do not complete the 12 month schedule, I agree to reimburse the University for any compensation received in excess of the amount to which I am entitled. I understand that 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 paycheck the amount of any excess payments. If my paycheck is insufficient to cover all such excess payments, I agree to reimburse the University for any remaining excess payments within one month of not completing the schedule, after which time they shall be deemed delinquent.

I understand that the University 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's Signature

Date

Name (Please print)

Title

Employee Identification Number

Department Name or Number

Email Address

To enroll, please complete and return the form by May 23, 2008 to the following address;

Mary Bich
Human Resources
888 N. Euclid, Room 114
P.O. Box 210158
Tucson, AZ 85721-0158