

**OAKLAND UNIVERSITY
NINE-MONTH PAYMENT OPTION FOR FACULTY**

I, _____, hereby elect to receive my annual base salary from Oakland University as described in the AAUP Faculty Agreement (Article XV: Faculty Salary Payment Option):

I understand that this payment plan will give me nine monthly installments, equal to 1/9 of my annual salary, beginning in August, and paid the last working day of each month through April of the next year.

I further understand and agree that all premium deductions for optional insurance benefits and health plans will be deducted from my final April paycheck for the period May – August.

Finally, it is understood that once elected, this plan must remain in effect throughout the academic year. It is also understood that this plan will remain in effect for each of the following academic years unless revoked in writing before August 1 of that year.

SIGNATURE: _____

Grizzly ID#: _____

DATE: _____