

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER  
PAYROLL DEPARTMENT**

**PAYDAY STATUS ELECTION FORM**

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO ON EACH QUESTION:**

1. Is your annual gross salary over \$30,000? Yes ( ) No ( )
2. Are you a graduate student? Yes ( ) No ( )
3. Are you an hourly paid employee? Yes ( ) No ( )

If you answered "no" to all three questions you are eligible to enroll in the semi-monthly payroll. Please read and complete the remainder of the form.

**SEMI-MONTHLY PAYROLL POLICY:**

1. Once you enroll you will remain enrolled until you make a change using this form.
2. Deductions will not be taken equally on both checks. One check will have a net pay that is smaller than the other one depending on what deductions you have authorized to be taken.
3. Paydays are on the 1<sup>st</sup> and 15<sup>th</sup> of each month except when those days fall on a weekend or holiday, then payday will be the first working day following the weekend or holiday.
4. You must elect to be paid semi-monthly by the first working day of the month to be eligible for that month. You cannot elect to go back to being paid monthly until the 1<sup>st</sup> of the following month.
5. Hourly paid employees are automatically defaulted to a semi-monthly payroll. However, when an hourly employee transfers to a salaried position the employee will automatically change to a monthly payroll unless the election is made to continue to be paid semi-monthly by completing this form.

**CHECK ONLY ONE OPTION TO ENROLL OR TO CANCEL SEMI-MONTHLY PAYROLL:**

( ) Yes, I want to be paid on a semi-monthly basis. I have answered no to all three questions at the top of this form and I have read and agree to adhere to the policies stated on this form and make the election to be paid on a semi-monthly basis.

( ) No, I no longer wish to be paid on a semi-monthly basis and I make the election to be paid on a monthly basis on the first working day of each month.

Printed Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll use only:**

Semi Election activated \_\_\_\_\_ Pay Date Semi Election Begins \_\_\_\_\_