



**TO: Nine/Ten Month Academic Employee**

**FROM: Office of Human Resources**

**DATE: April 1, 2026**

**SUBJECT: Nine/Ten-Month Annualized Salary Spread Agreement (9/10 Pay 12)**

Included is a copy of the Annualized Salary Agreement form for your use in authorizing spreading your appointment salary over a twelve-month period beginning August 2, 2026. This authorization is optional. If you wish to exercise this option, you must sign the enclosed form and return it to the Office of Human Resources, Campus Box 15, by July 10, 2026. Failure to return the agreement by the required deadline will prohibit the initiation of salary spread for the 2026-2027 academic year. If agreed to, this election will be irrevocable for the 2026-2027 academic year. **Nine- or ten-month employees whose salary is 100% funded by grants are not eligible to participate in salary spread.**

Please be advised that participation in the program means:

- More equalized net take home pay throughout the year.
- Your health insurance premiums will be spread over 24 bi-weekly pay periods. On the third check of the month there will be no health insurance or flexible spending deductions.
- You do not have access to the funds in reserve for your summer pay under the Annualized Salary Program.
- There is a possibility of higher federal and state tax withholdings during the summer if you receive any additional summer compensation.
- Under no circumstances are advances allowed.
- If you are not in paid status every pay period during the academic year or have a significant change in pay or hours during the academic year, you may not accrue enough banked/deferred pay to cover the entire summer and you could be without enough pay to cover all summer pay periods.

Again, it is your choice to elect to participate in the Annualized Salary Program. Your signing this authorization is a commitment to participate for a minimum of one year.

If you have any questions, please email [HR.ServiceCenter@wichita.edu](mailto:HR.ServiceCenter@wichita.edu)



# Nine/Ten Month Annualized Salary Agreement

TO THE OFFICE OF HUMAN RESOURCES:

Subject to the conditions below, I hereby authorize the University to begin paying my academic year salary on an annualized basis. For the academic year 2026-2027, those salary payments will be made in 26 bi-weekly installments beginning the pay period that starts on August 2, 2026, first paycheck date of August 28, 2026.

Conditions:

I agree to participate in the Annualized Salary Program for a minimum of one year. I understand that this election is irrevocable for the academic year 2026 – 2027.

1. If my employment is terminated either by myself or the University during or at the end of the academic year, I will receive a lump sum payment in my last paycheck.
2. All health and life insurance programs that I participate in will terminate on the last day of the month of my separation of employment. If my separation date falls on the 1<sup>st</sup> day of a month, such programs will terminate on that date. If separating employment at the end of the academic year, or failing to return to work the following fall, my health insurance will end based on the end date of my 9/10-month appointment at the end of the academic year.
3. If I receive any additional compensation or if I am employed during a summer session, my additional compensation/summer salary for each pay period will be added to my annualized installment payments. I am aware this may result in an increased rate of both federal and state tax withholding due to the rate structure of the withholding tax tables.
4. I acknowledge that this agreement will remain in force from year to year until I elect to discontinue. I understand that to discontinue this election, I must notify the Office of Human Resources in writing no later than July 17, 2026.

Please return your signed agreement to the Office of Human Resources, Box 15, by July 10, 2026, for participation in salary spread beginning with the pay period that starts on August 2, 2026. You may return the form by email to [HR.ServiceCenter@wichita.edu](mailto:HR.ServiceCenter@wichita.edu), fax to 316-978-3201, send by campus mail to Box 15, or drop off in the HR office.

\_\_\_\_\_  
Signature

myWSU ID \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_