



**OPTIONAL PAY PLAN ELECTION FORM**

**Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Department** \_\_\_\_\_

I hereby elect to have my academic year salary paid to me under the Optional Pay Plan (26 pay periods) starting with the commencement of the Fall semester or the start of my employment.

I further understand that this plan cannot be revoked by me until the start of the next academic year unless I should terminate my employment with MTU. I also understand that the plan I have chosen will continue year to year unless I cancel my election prior to the start of a new academic year.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Cancellation:**

I hereby elect to cancel my Optional Pay Plan commencing with the beginning of the next academic year.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**