

OFFICE OF HUMAN RESOURCE ADMINISTRATION

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MEMORANDUM

TO: Office of Human Resource Administration

FROM:

DATE:

SUBJECT: ASSISTANT/ASSOCIATE TEACHING PROFESSOR
SALARY PAYMENT OPTION

As an Assistant/Associate Teaching Professor, I understand that I have the option to receive my nine (9) month academic year salary in either 20 or 26 biweekly paychecks. I have indicated my choice below. **I realize that this payment choice will be in effect for the entire academic year.**

I elect to receive my academic year salary in:

- 20 biweekly paychecks (*distributed over pay periods covering August through May*)
By selecting this 20 pay-period option, you will pay a higher health co-share premium each paycheck.

Note: Unless the position is extended in advance, your benefits will terminate at the end of the 20 pay-period option in May.

- 26 biweekly paychecks (*distributed over pay periods covering June through June*)

Signature _____ Date _____

I understand that should I elect to have my 9-month academic year salary for teaching paid over 12 months, I will begin to receive paychecks in the summer for services to be rendered beginning in August. If I subsequently do not fulfill my obligation as a lecturer, or leave the University for a position elsewhere prior to the beginning of the academic year, I am required to pay back the salary compensation and benefits I received during the summer. My signature on this letter acknowledges my understanding and agreement to abide by these terms.