UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER

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.		
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3EMI-7	MONTHLY PAYROLL POLICY: Once you enroll you will remain enrolled until you ma	ko a shanao usina 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 st and 15 th 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 we eligible for that month. You cannot elect to go back to of the following month.	• •
5.	Hourly paid employees are automatically defaulted to However, when an hourly employee transfers to a sale automatically change to a monthly payroll unless the paid semi-monthly by completing this form.	rried position the employee will
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:		
Signat	ure:Dat	e:
Payroll use only: Semi Election activatedPay Date Semi Election Begins		

HSCPAY2.00