



OPTIONAL 12-MONTH INSTALLMENT PAY ELECTION

Name (Please Print): _____
Last First M

Social Security (Last 6): _____ School #: _____

School Name: _____ Job Title: _____

ELECTION

I request that my annual salary be paid over 12-month installments instead of the 10 months of actual employment effective at the beginning of the next school year. I understand and acknowledge that each paycheck will defer earnings equal to 16 2/3 percent of my monthly gross pay of my primary assignment. This deferred compensation will be paid in June and July of the following year for certified employees and July and August of the following year for classified employees. **I also understand that this election is irrevocable during the year in which I elect to receive 12-month installments.** I further understand that this election will continue from year-to-year unless it is cancelled by one of the following methods:

1. Taking a Board approved leave of absence without pay.
2. Changing assignment or percentage of employment during the school term.
3. Retirement, resignation or termination during the school term.

Signature

Date

CANCELLATION

I wish to cancel my 12-month installment option and instead receive my pay over the 10 months of actual employment, **effective at the beginning of the next school year.** I understand and acknowledge that certain insurances and miscellaneous deductions will be taken over 10-months and prorated to provide coverage through the summer.

Signature

Date