10 OR 12 MONTH PAY OPTION (2026-27)

****DO NOT complete this form unless you are making a change****

☐ **I would like to change my 2026–27 school year salary to Ten (10) Payments (September 2026 – June 2027)**

By selecting this option, I understand and agree that:

- I will receive ten (10) payroll checks during the period September 1, 2026 through June 30, 2027.
- The full amount of required deductions for taxes, PERA, and medical, dental, life, and supplemental insurance premiums will be deducted from these ten (10) checks.
- I am responsible for any payments due to Foothills Credit Union and/or tax-deferred annuities during July and August.
- Other deductions, such as insurance premiums and membership dues, may vary depending on my selected payroll option.

☐ **I would like to change my 2026–27 school year salary to Twelve (12) Payments (September 2026 – August 2027)**

Employee Name (print): _____

Employee Signature: _____

Employee ID: _____

Date: _____

☐ Classified
☐ Licensed

If you wish to make a change to your payroll option for 2026-27, you must complete this form and return it via district mail or e-mail **jennifer.ewert@tsd.org** to the Department of Human Resources by **July 1st**.

HR USE ONLY

Date received in HR: _____ HR Initials: _____

Date Payroll Notified: _____