

# OPTIONAL PAY PLAN ELECTION

*Please Print*

Employee \_\_\_\_\_  
Last Name First Name M.I.

Personnel Number/Social Security Number  
\_\_\_\_\_

Org Unit (RC) \_\_\_\_\_

Employee Group (check one):

- \_\_\_\_ teacher/administrator, 10 months (26 checks)
- \_\_\_\_ civil service, 10 months (24 checks)
- \_\_\_\_ civil service, 11 months (26 checks)
- \_\_\_\_ food service manager, 10 months (25 checks)
- \_\_\_\_ food service worker, 10 months (24 checks)
- \_\_\_\_ paraprofessional (25 checks)

I hereby elect the optional pay plan effective the **2009/2010** school year. I understand this plan prorates my pay to extend compensation over the number of checks stated above (regular pay is 22 checks). I also understand that once elected, this plan is continuous from school year to school year and *cannot be changed except during the first week of the work calendar in any subsequent year when I must specifically cancel my elected option in writing.*

Should I elect leave, I understand that any compensation held by the School Board will be paid to me in a lump-sum payment and that upon my return the elected optional plan will revert to the regular pay plan. I cannot return to the optional plan unless I elect to do so during a subsequent school year.

**Current Employees:** HR Employee Support must receive this form by June 9, 2009.

**New Hires:** HR Employee Support must receive this form by August 24, 2009

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Human Resource Technician Date

Return to:

HR Employee Support : 1701 Prudential Drive Administration Bldg. 1<sup>st</sup> Floor

