

Please only complete if you are changing your pay period election.

<p style="text-align: center;"><b>DRACUT PUBLIC SCHOOLS</b></p> <p style="text-align: center;"><b>21 OR 26 PAY PERIOD ELECTION</b></p> <p style="text-align: center;"><b>THIS FORM COMPLIES WITH IRS REGULATIONS, SECTION 409A</b></p>
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\_\_\_\_\_ I authorize my annual salary to be distributed in **21** equal pay increments

\_\_\_\_\_ I authorize my annual salary to be distributed in **26** equal pay increments

My signature below affirms that I understand that my pay election will be considered a permanent selection until the end of the fiscal year at which time I may change my payroll plan for the following school year. If I do not change my selection in future years, my election above will remain in effect. This election takes effect on September 1.

Employee Signature: \_\_\_\_\_

Employee Name (Please Print): \_\_\_\_\_

Employee School or Location: \_\_\_\_\_

Date Signed: \_\_\_\_\_