

IMPORTANT INFORMATION REGARDING YOUR COMPENSATION ELECTION

We offer all full-time support staff beginning their second year, or first year if enrolled in health benefits, the choice of receiving their compensation either:

- Over the term of the school year from September to May; or
- Distributing your school year compensation equally over 12 months.

We will continue to offer this election option in the future, however, it is important for you to make this written election to receive compensation over a 12-month period. Please note that once you sign the election, it will remain in effect until such time that you elect otherwise (but cannot be changed during the school year in which this election is initially made). This new election requirement arises as a result of a recent change in section 409A of the Internal Revenue Code.

All Support Staff personnel are required to complete the following form.

12-MONTH COMPENSATION ELECTION FORM

I, _____
(Print name on line above)

Employee Election

☐ I **agree** to my salary being paid equally over 12-month period, in lieu of payment received over the school year payroll of 10 months. I understand this election will remain in effect until the end of the current school year.

☐ I **do not** want my compensation distributed over 12-months.

Signature as it appears on payroll records

Dated