

ELECTION TO RECEIVE COMPENSATION OVER TWELVE MONTHS

Purpose: This form must be completed by any employee whose standard pay period is the school year who wishes to have their salary paid over a twelve-month period.

Name: _____

Social Security Number: _____

Election: (Initial)

Continuing Election: I elect to have my compensation commencing with the current 2024-2025 school year paid on an annualized basis, ratably, over the twelve month period commencing with the beginning of each school year in equal bi-weekly payments beginning in the month of September, or on the date specified in any applicable collective bargaining agreement, with a final single lump sum payment including all remaining payments due for June, July and August, or the final three months of the twelve month payment period. **(If selected, compensation will continue to be paid on an annualized basis in succeeding years until this election is revoked).**

In the event a separation from service occurs before the end of the twelve-month payment period, I will be entitled to an additional payment for any amount I have actually earned during such payment period which has not yet been paid. This additional amount will be included in my final paycheck. For this purpose, "separation from service" shall have the same meaning as that term is defined in Section 1.409A-1(h) of the Treasury Regulations.

I understand that

- . I cannot change or revoke this payment election agreement with respect to the current school year.
- . This election form must be received by the District prior to September 1, 2024. Under the tax law, election forms received on or after that date will be effective for the following school year.
- . If no form is filed or the form is filed late, my compensation will be paid ratably over the ten-month school year in accordance with the District's standard policy.
- This election form is intended to comply with the provisions of § 409A of the Internal Revenue Code and the Regulation § 1.409A-2(a)(14) thereunder. The District may reduce or cancel the amount of my deferred pay or otherwise modify this agreement if it is believed to be advisable in order to satisfy the provisions of the Internal Revenue Code applicable to this arrangement.

This election is made this day of 20____.

Signature of Employee