

CEDARBURG SCHOOL DISTRICT

ANNUALIZED COMPENSATION ELECTION FORM

This election shall be applied to the school year beginning _____ and all school years thereafter, unless changed. (School year)

Desired change in election requires a new form be completed, signed and returned to the Business Office *no later than August 15th* of the school year for which the new election is to start and continue all school years thereafter, unless revoked or changed again.

ELECTION:

I, _____, elect to receive my (Print name)

School year compensation in the following manner (*please check only one option below*):

24 Pay Periods

By checking this box, I elect to receive my school year compensation on an annualized basis over 24 installments. Those choosing this option will receive their first installment on September 15th and five installments on June 30th.

20 Pay Periods (default)

By checking this box, I elect to receive my school year compensation on an annualized basis over 20 installments. Those choosing this option will receive their first installment on September 15th and final installment on June 30th. The June 30th check will include deductions and benefits for June, July, and August.

I understand that my election is irrevocable for the entire current school year and I may not change my election until the school year is over. My election will remain in place until I elect to change it by notifying the District through completing, signing and turning in a new election form by August 15th of the next school year.

(Signature)

(Date)