

ELECTION FORM FOR ONGOING TEN-MONTH PAYMENT OPTION

**Payroll Department
Lincoln Public Schools**

PARAEDUCATORS

Paraeducators work less than 12 months per year but are generally paid over 12 months. This is called “annualized compensation.” Annualized compensation gives you income during the summer months. You may choose to distribute your annual pay over 10 months instead of 12 months. If this option is chosen, you will not receive paychecks during July and August.

If you wish to elect the 10-month payment option, you must sign this form and it must be received by the Payroll Office, Box 32, LPSDO on or before July 15, 2021 or, for employees employed after July 15, 2021, prior to the first day of work. If you fail to sign and return this election form on or before July 15, 2021 or prior to the first day of work for employees employed after July 15, 2021, you will not be allowed to elect the 10-month payment option. This election will remain in effect indefinitely as long as you are employed and this election is available to your employee group. However, you may revoke election effective for a future school year by submitting a written revocation prior to July 15th of the school year for which the revocation relates. Such revocation must be received by the Payroll Office, Box 32, LPSDO on or before July 15th of the school year for which the revocation relates.

If you elect this option, you are not allowed to take any of the insurance coverages offered by the school district, including but not limited to health, dental, life, disability, vision and cancer insurance. Paraeducators who choose the 10-month pay option remain eligible for the district provided death benefit.

The selection of the ten-month payment option has no effect on your employment-at-will status.

IRS regulations provide that, once you have signed the agreement, you may not revoke it during the 2021-21 school year. As with any income tax matter, you should consult your personal tax counselor if you have any questions.

I hereby elect to receive my compensation over 10 months for the 2021-2022 school year and future school years. I understand that this election is irrevocable during the 2021-2022 school year. I understand my compensation is going to be paid over 10 months and I will not receive paychecks during July and August. I understand that this election will remain in effect indefinitely as long as I am employed and this election is available to my employee group. However, I further understand that I may revoke this election in writing effective for a future school year so long as I submit the written revocation prior to July 15th of the school year for which the revocation relates.

I understand that I am not eligible for any of the insurance coverages offered by the school district while this election is in effect.

Employee Signature

Printed Employee Name

Employee Number

Date Signed

email

Payroll will email you a confirmation that your form was received