

**ELECTION FORM FOR ONGOING TWELVE-MONTH PAYMENT OPTION**  
**Payroll Department**  
**Lincoln Public Schools**

**TRANSPORTATION STAFF**

Transportation employees work less than 12 months per year but are given the opportunity to be paid over 12 months. This is called “annualized compensation.” Annualized compensation gives you income during the summer months. If this option is chosen, a percentage of your income will be withheld for distribution during July and August. If you leave your employment prior to the end of the school year, all wages and any unutilized escrow insurance balances will be paid to you upon separation.

You must sign this form and it must be received by the Payroll Office, Box 32, LPSDO on or before July 15, 2019 or, for employees employed after July 15, 2019, prior to the first day of work. If you fail to sign and return this election form on or before July 15, 2019 or prior to the first day of work for employees employed after July 15, 2019, you will not be allowed to elect the 12-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.

The selection of the twelve-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 2019-20 school year. As with any income tax matter, you should consult your personal tax counselor if you have any questions.

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I hereby elect to annualize my compensation over the 12 months for the 2019-2020 school year and future school years. I understand that this election is irrevocable during the school year. I understand my compensation is going to be paid over the 12 months, with a percentage of my income withheld for distribution 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.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Printed Employee Name*

\_\_\_\_\_  
*Employee Number*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*email*

\*Payroll will email you a confirmation that your form was received\*