

**SCHOOL DISTRICT OF GREENFIELD
SALARY ELECTION FORM**

The School District of Greenfield offers Professional Educators the opportunity to spread their pay over the course of 26 pay periods.

IRS regulations require you to make a written election if you want to receive annualized compensation (12-month salary spread). Please sign, date and return this form before your first day of work. This election will apply to each subsequent school year without submission of a new election form. IRS regulations further provide that once you have made an election, you may not revoke it prior to the next school year. Cancellation of the annualized compensation election must be made in writing before the first day of work in the new school year.

Agreement:

I understand that if one of the following occurs:

- I go out on an unpaid leave of absence;
- My current position is changed to a 12-month position; or
- I separate employment from the District prior to the end of the fiscal year,

Then my salary may be adjusted during the school year employment period, and summer checks will not pay the same gross amount that was paid during the school year. Adjustments include increases or reductions in salary (docks).

As with any income tax matter, please contact your personal tax advisor if you have any questions.

I ELECT TO:

- I elect **annualized salary** (12-month salary spread). This election means my annual salary will be spread over twenty-six (26) pay periods. My gross will be reduced and placed in a deferred accumulator from September through June (school year). The accumulated deferred wages (for July and August) will be paid on the last payroll date in June as a separate lump sum paycheck.

I understand this election must be made before the first work day of the school year. I also understand this election is irrevocable; it cannot be cancelled during the school year. This election will remain in effect until a cancellation form is received for the subsequent school year.

- I elect to be **paid over 10 months** (22 pay periods) and I understand that this change will not become effective until the start of the next school year. I understand that if I have benefit deductions, those deductions will be taken off of my final checks in May/June for July/August coverage.

I certify that I have read and understood the above information. I understand that a change in my appointment may cause a cancellation of my salary spread. I will contact the payroll office at 855-2026, if I have any questions about my salary spread participation.

Employee Name

Employee Signature

Date