

PINELLAS COUNTY SCHOOLS
**TWELVE-MONTH OPTION AGREEMENT FOR 10, 10.5 & 11-MONTH ASSISTANT PRINCIPAL
AND INSTRUCTIONAL EMPLOYEES**

Name: _____ Last 4 SS # or Emp ID # _____
(Last, First and Middle)

Work Location: _____

- This agreement replaces any prior twelve-month pay option agreement and is the ONLY twelve-month pay option available for 10, 10.5 & 11 month assistant principals and instructional employees. Only 10, 10.5 & 11 month assistant principals and instructional employees are eligible for this option.
- This agreement pays their annual salary over approximately 26-pay periods. Under this agreement 10-month teachers receive approximately 21 paychecks during the school year plus five (5) additional paychecks spaced at two-week intervals after the end of the school year.
- 10.5-month Assistant Principals and teachers receive approximately 22 paychecks during the school year plus four (4) additional paychecks spaced at two-week intervals after the end of the school year.
- 11-month Assistant Principals and teachers receive approximately 23 paychecks during the school year plus two (2) additional paychecks spaced at two-week intervals after the end of the school year.
- Only taxes (Federal, FICA and Medicare) and the 3% retirement deduction, if applicable, will be deducted from the summer pay.
- **This option will remain in force throughout the year.**

Twelve Month Pay Option Authorization Agreement

I hereby authorize Pinellas County Schools to distribute my annual salary over approximately 26 pay periods. I understand that this agreement will remain in effect permanently, or until I cancel this agreement in writing at the end of the school year.

Human Resources will inactivate this option, upon my return to paid status, following a leave of absence of 31 days or greater. When the number of consecutive days unpaid is greater than ten (10) but less than thirty-one (31), and will result in a substantial reduction in my bi-weekly pay, my summer pay check will be reduced accordingly.

I will need to execute a new authorization upon my return to work, if I wish to return to the Twelve Month Option for the following year. I further agree that if I do not currently have Direct Deposit, signing this form will constitute enrollment in Direct Deposit and the Twelve-Month Option. I agree to be bound by the Direct Deposit Authorization Agreement stated below.

My signature authorizes conversion to the Twelve-Month Option.

EMPLOYEE SIGNATURE: _____ DATE: _____

THIS FORM IS DUE TO HUMAN RESOURCES NO LATER THAN THE MONDAY PRIOR TO THE FIRST PAY-CHECK OF THE NEW FISCAL YEAR.