PINELLAS COUNTY SCHOOLS

TWELVE-MONTH OPTION AGREEMENT FOR 10-MONTH (198 DAYS) TEACHERS

2019 - 2020

Name: _____
Last First Middle

Work Location: _____

This agreement replaces any prior twelve-month pay option agreement and is the **ONLY** twelve-month pay option available for ten-month teachers for 2019/2020. Only ten-month teachers are eligible for this option. This agreement pays ten-month (198 days) teachers their annual salary over approximately 26-pay periods. Under this agreement 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. Only taxes (Federal, FICA and Medicare) will be deducted from these five additional checks. **This option requires Direct Deposit and it 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. Personnel 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:

Direct Deposit Authorization Agreement

I hereby authorize Pinellas County Schools to make deposits from my payroll and, if necessary, make adjustments for deposits made in error, to my checking account ***listed on my attached check.*** This authority will remain in force and effect until Pinellas County Schools receives written notification from me of its termination or change and, in such time and manner as to afford the School Board a reasonable opportunity to act upon it. (Changing checking accounts will not invalidate my 12-month pay option; however, I must contact my banking institution to arrange for distribution after the funds are received in my checking account.)

CHECK ONE BELOW:

____ I currently have Direct Deposit.

____ I do **not** have Direct Deposit. If you do not currently have Direct Deposit, attach a blank check from your checking account and write the word "VOID" on the blank check. If you wish to have direct deposit to your saving account please send PCS Form 3-2727-B to the Payroll Department.

*EMPLOYEE SIGNATURE:*_____ *DATE:*_____/_____/_____

My signature authorizes conversion to the Twelve-Month Option with mandatory direct deposit.

ATTACH CHECK HERE

PLEASE RETURN THIS FORM TO THE PERSONNEL DEPARTMENT NO LATER THAN JUNE 26, 2019