



OPEN ENROLLMENT PERIOD FOR VOLUNTARY 12-PAY OPTION FOR SDEA MEMBERS

SDEA bargaining unit members who are not already enrolled in the voluntary 12-Pay Option will have an opportunity to elect 12-pay for the 2019-2020 contract year by submitting the following forms by June 14, 2019.

- New Enrollment of 12-Pay Option
- Direct Deposit Account Debit Authorization
- Direct Deposit Request Form (only needed if not currently enrolled in Direct Deposit)

These forms are located at <https://www.sandi.net/staff/payroll/pay-options-information>.

Important Information:

1. This option is available only to SDEA bargaining unit members designated as active employees in paid status who are assigned to a traditional site on July 1, 2019. Employees with temporary contracts scheduled to end June 30, 2019 are excluded.
2. Employees on a Leave of Absence from the district (LOA) who do not return to paid status in an active monthly assignment on July 1, 2019 are excluded.
3. Unit members assigned to year-round schools already have their annual salary issued over 12 checks and do not need to enroll.
4. Current pay schedule status is listed on the top of each paycheck. If "Pay Group" is listed as C13, the voluntary 12-Pay Option is already in place. If C13 is not listed and you want to receive 12 paychecks beginning July 1, 2019, you will need to enroll by June 14, 2019.
5. Participants are required to enroll in direct deposit if they have not already done so and maintain direct deposit while enrolled in the 12-Pay Option program.
6. Incomplete applications will not be accepted. Please make sure that both the New Enrollment of 12-Pay Option Form and the Direct Deposit Account Debit Authorization are signed.
7. Employees who moved from a year-round work calendar to a traditional work calendar during the 2018-2019 contract year, and who will continue at a traditional site for the 2019-2020 contract year, will need to enroll in the 12-Pay Option if they wish to continue receiving 12 paychecks.

Termination of the Voluntary 12-Pay Option:

If you are currently enrolled in the 12-Pay Option, it is not necessary to reapply in order to continue receiving 12 checks for 2019-2020. You will automatically continue to be enrolled. If you enrolled previously but no longer want to participate, please complete and return the **Termination of 12-Pay Option** form by June 14, 2019. The termination form can be found on the Districts Employee Portal website at <https://www.sandi.net/staff/payroll/pay-options-information>.

PLEASE SUBMIT COMPLETED FORMS TO:

SAN DIEGO UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES ATTN: INPUT
4100 NORMAL STREET, ROOM 1241
SAN DIEGO, CA 92103



NEW ENROLLMENT OF 12-PAY OPTION
***** PLEASE READ CAREFULLY *****

I hereby elect to enroll in the 12-Pay Option beginning with the 2019-2020 contract year. This authorization will remain in effect from year to year until either I notify the San Diego Unified School District Payroll Department in writing of my election to withdraw participation in this program or take a long term leave of absence from the district. I understand the enrollment must remain in effect for the full fiscal year. I also understand that by choosing this option ***I will begin receiving pay in July 2019 even though service will not begin and compensation will not begin to be earned until August/September 2019.***

I understand that the first check I receive will be at the end of July 2019. This first check represents the first salary compensation under the 12-Pay Option for the 2019-2020 contract year. I also understand that the check I receive at the end of June 2020 will be the final payment to complete a full year of compensation.

I agree to inform the District of any changes in my account status in order for the District to process the Direct Deposit Account Debit Authorization. **The debit authorization will recapture any overpayment(s) resulting from compensation paid exceeding days of service rendered. Additionally, I understand that funds paid prior to service being rendered are prone to overpayment in the event that service in the following months is interrupted for any reason.**

In the event my direct deposit account(s) are closed, have insufficient funds or the District cannot recover the overpayment, I agree to repay the District for all overpayment(s) by cashier's check or money order within thirty-days (30) of notification to me by the District of the overpayment(s) amount due. If I fail to repay within the time prescribed, I am responsible for any collection efforts undertaken by the District, including, but not limited to, the District's attorney's fees and costs.

NAME (*please print*): _____

EMPLOYEE ID: _____ DATE: ____/____/____

SIGNATURE: _____

**PLEASE ATTACH A COMPLETED
"DIRECT DEPOSIT ACCOUNT DEBIT AUTHORIZATION"
TO THIS FORM AND RETURN TO:**

SAN DIEGO UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES ATTN: INPUT
4100 NORMAL STREET, ROOM 1241
SAN DIEGO, CA 92103

FOR OFFICE USE: **DATE** _____ **INITIAL** _____



**DIRECT DEPOSIT ACCOUNT DEBIT AUTHORIZATION
FOR 12-PAY OPTION ENROLLMENT**

EMPLOYER NAME: SAN DIEGO UNIFIED SCHOOL DISTRICT

EMPLOYER ID NUMBER: 95-6002781

I hereby authorize the San Diego Unified School District, hereinafter called the District, to initiate a debit entry to any of the direct deposit accounts listed on my current direct deposit agreement with the District. The amount of debited funds shall not exceed an amount equal to any salary overpayment made by the District to me.

This authority is limited to my obligations to the District for the cost of any overpayment that may occur as a result of me, the employee, who chooses to be paid in 12 monthly installments and who does not render the service necessary to be compensated for 12 months (i.e. unpaid leave of absence, certain changes in assignment or termination prior to the end of the contract year). In the event that my direct deposit account is closed or has insufficient funds to recover the overpayment, I agree to repay all overpayments to the District by cashier's check or money order within thirty-days (30) of notification by the District to me of the overpayment amount due. If I fail to repay the District within the time prescribed above, I am responsible for any collection efforts undertaken by the District, including, but not limited to, the District's attorney's fees and costs.

This authorization is to remain in full force for 90 calendar days from the effective date of my termination of employment. The effective date is either 1) the date specified as my last day of service in the District's notification to me of my termination or 2) the date I specify as my last day of service in my notification to the District of my departure from the District, whichever is applicable.

NAME (*please print*): _____

EMPLOYEE ID: _____ DATE: ____/____/____

SIGNATURE: _____

PLEASE ATTACH A COMPLETED "NEW ENROLLMENT OF 12-PAY OPTION" TO THIS FORM AND RETURN TO:

SAN DIEGO UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES ATTN: INPUT
4100 NORMAL STREET, ROOM 1241
SAN DIEGO, CA 92103

FOR OFFICE USE: DATE _____ INITIAL _____