



TERMINATION OF 12-PAY OPTION

I hereby elect to terminate my participation in the 12-Pay Option beginning with the 2019-2020 contract year.

I understand that if I am assigned to a traditional site, I will not receive a check for the months of July 2020 and August 2020 as a result of terminating the 12-Pay Option.

I understand that this decision is irrevocable for the 2019-2020 contract year. I understand that I may choose to participate in a future contract year if I meet all eligibility guidelines and complete all necessary forms during a future open enrollment period.

NAME (*please print*): _____

EMPLOYEE ID: _____ DATE: ____/____/____

SIGNATURE: _____

PLEASE RETURN THIS FORM TO:
SAN DIEGO UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES ATTN: INPUT
4100 NORMAL STREET, ROOM 1241
SAN DIEGO, CA 92103

FOR OFFICE USE:	DATE _____	INITIAL _____
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