



San Diego Unified
SCHOOL DISTRICT

**OPTION TO RESERVE NET PAY FOR SUMMER MONTHS
FOR 10- AND 11-MONTH EMPLOYEES
ENROLLMENT FORM**

NAME (*Please Print*): _____

EMPLOYEE ID: _____ LOCATION #: _____

LOCATION NAME: _____

Please check one of the following:

CERTIFICATED CLASSIFIED

Please check your current pay schedule:

10-MONTH 11-MONTH

Amount to be deducted from each regular pay warrant during the 2019-2020 school year:

\$ _____ (*must be expressed in dollars, **not** as a percentage*)

I hereby authorize this deduction from the salaried pay warrants issued from September 2019 to June 2020. **I understand that this decision is irrevocable for the 2019-2020 school year.** This money will be paid back to me in two equal payments in July and August of 2020 for 10-month/12 pay or through a single payment in July 2020 for 11-month/12 pay.

Signature _____ Date _____

PLEASE RETURN BY AUGUST 31, 2019 TO:

SAN DIEGO UNIFIED SCHOOL DISTRICT
ATTN: PAYROLL DEPARTMENT, ROOM 1150
EUGENE BRUCKER EDUCATION CENTER
4100 NORMAL STREET, SAN DIEGO CA 92103

THANK YOU