**Payroll Option Form**

I understand that per Internal Revenue Code section 409A, I must provide a written election of how my compensation is to be paid. I also understand that this election must be made prior to the beginning of the school year and is irrevocable for the school year. If I wish to change my election for a future school year, I may do so by notifying the (School District/ISD) payroll department before the year begins.

I elect to have my compensation paid as follows:

❑ I choose to have my compensation paid to me over 21 equal pays during the school year (September – June)

❑ I choose to have my compensation paid to me over 26 equal pays (September – August)

I understand that this election is irrevocable once a school year has begun.

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Please print your name here

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Signature Date