



SPREAD PAY ELECTION FORM

Name: _____ Employee ID: _____

(Choose spread pay or timesheet)

SPREAD PAY OPTION

Division 1, Paraprofessionals and Assistants

Initial

I elect to have my base pay, professional development pay, and 2% professional development incentive spread across 21 pays, so that I receive this compensation in equal payments beginning the first pay in September and ending the last pay in June. If I do not complete the professional development requirements, outlined by contract, by May 1, 2021, I give the District permission to collect back the 2% professional development incentive from my remaining paychecks.

Division 2, Maintenance

Initial

I elect to have my 2% professional development incentive spread across 26 pays, so that I receive this compensation in equal payments beginning the first pay in July and ending the last pay in June, 2021.

Division 5, Secretaries, less than 12 months

I elect to have my base pay and 2% professional development incentive spread across 23 pays so that I receive this compensation in equal payments beginning the second pay in August and ending the last pay in June. If I do not complete the professional development requirements, outlined by contract, by May 1, 2021, I give the District permission to collect back the 2% professional development incentive from my remaining paychecks.

Division 5, Secretaries, 12 months

I elect to have my base pay and 2% professional development incentive spread across 26 pays so that I receive this compensation in equal payments beginning the first pay in July and ending the last pay in June. If I do not complete the professional development requirements, outlined by contract, by May 1, 2021, I give the District permission to collect back the 2% professional development incentive from my remaining paychecks.

TIMESHEET OPTION

Division 1, 2, and 5

I do not elect spread pay and understand that I will be transferred to timesheets effective Tuesday, September 8, 2020. I understand that I will be paid to date for all professional development hours completed outside of my scheduled work day. I give the District permission to collect back the 2% professional development incentive paid to date. I understand that my professional development incentive, if I qualify, will be awarded in a lump sum on the last pay in June, 2021.

Employee Signature: _____ Date: _____