

Selection of Option for Deferred Pay

Indicate below your preference for monthly payment. Once you **select an option you will be unable to modify your choice prior to July 1 of the next fiscal year**. There will be no early payment of deferred summer pay. **Complete and return to:** Tulare County Office of Education, Human Resources, PO Box 5091, Visalia CA 93278-5091

10 Month Employees (Currently scheduled to work August – May; Receiving 10 equal checks)

_____ Deferred Pay – Twelve (12) monthly payments beginning the last work day of August, and ending the last work day of July following the end of the fiscal year. The June and July payments will be based on a monthly pay deferment of 1/6th of my gross earnings (exclusive of overtime) for the months of August through May. I will receive 1/2 of this deferment at the end of June and the balance at the end of July. If participation in the deferred pay process begins after the August payroll, correspondingly smaller payments will be received for June and July. Please note that your June and July pay will not have taxes withheld as the taxes were paid (August - May).

11 Month Employees (Currently scheduled to work August – June; Receiving 11 equal checks)

_____ Deferred Pay – Twelve (12) monthly payments beginning the last work day of August, and ending the last work day of July following the end of the fiscal year. The July payment will be based on a monthly summer pay deferment of 1/12th of my gross earnings (exclusive of overtime) for the months of August through June. I will receive this deferment the last work day of July. If participation in the deferred pay process begins after the August payroll, a correspondingly smaller payment will be received for July. Please note that your July pay will not have taxes withheld as the taxes were paid (August – June).

By signing below, I understand that the deferred pay schedule will continue from year to year unless terminated in writing by the employee or if there is a change to 12 equal monthly payments.

Employee Name _____ **SSN (Last 4 digits only)** _____

Signature _____ **Date** _____

If you have any questions regarding this form, contact Human Resources at 559-733-6306.

For Human Resources use only

Current 12 Month Employee Changing to 11 Month Employee _____ *School Year*

This employee will now receive a deferred payment in a calendar month s/he is currently receiving a normal paycheck. Please drop the following month(s) _____ from the employee's normal payment schedule.