



410 South Commercial Street • Neenah, WI 54956 • Tel: (920) 751-6800 • Fax: (920) 751-5066

ANNUAL COMPENSATION ELECTION FORM

How do you wish to receive your compensation?

The below election is intended to meet the requirements of U.S. Treasury Regulations Section 1.409A-2(a)(14). This election shall apply to the school year beginning 2023-24 and beyond.

If you wish to receive your salary over a twelve (12) month period, (24 pay periods from September through August), versus the school year ten (10) month period, (20 pay periods from September through June), this Election Form must **be completed, signed, and returned to the Human Resource Department by the first day you work in the 2023-2024 school year contract.**

NOTE: If you do not return this Election Form by the first day you work in the 2023-24 school year, you will (by default) receive your compensation over the course of the 10 Month Pay Schedule (20 pay periods from September to June).

Election

I, _____ (print name), elect to receive my school year compensation in the following manner: [*Please check only one option below*]

12 Month Pay Schedule/24 Pays

I elect to receive my school year compensation on an annualized basis over a twelve (12) month period, (24 periods from September through August). I understand that my compensation will be paid ratably, over twelve (12) months starting with the beginning of the school year.

10 Month Pay Schedule/20 Pays

I elect to receive my school year compensation on an annualized basis over a ten (10) month period, (20 pay periods from September through June). I understand that my compensation will be paid ratably, over ten (10) months starting with the beginning of the school year.

I understand that my election is effective September 1, 2023 for the 2023-24 School Year and will continue in the fashion that I have elected above for years thereafter, until I revoke said election. All changes to this election must be made in writing and sent to the Human Resources Department.

I further understand that my election is irrevocable once the school year begins and that I may not change my election until the entire school year is over. I agree that my election will remain in place until I elect to change it by notifying the District through completing, signing and submitting a new Annual Compensation Election Form on or before **August 1** preceding the subsequent school term.

(Signature)

(Date)