

NEENAH JOINT SCHOOL DISTRICT

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 only apply to the school year beginning 2017-2018 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 2017-18 school year contract.**

NOTE: If you do not return this Election Form by the first day you work in the 2017-18 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, 2017 for the 2017-2018 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 by **August 1** preceding the subsequent school term.

(Signature)

(Date)