

Voluntary 12-Pay Option: Instructions

Open Enrollment Period for SDEA Members to Elect the Voluntary 12-Pay Option

SDEA bargaining unit members who are not already enrolled in the Voluntary 12-Pay Option may elect the 12-pay Option for the upcoming contract year by submitting the following forms no later than the submission deadline found on the enrollment form.

1. New Enrollment of 12-Pay Option
2. Direct Deposit Account Debit Authorization
3. Direct Deposit Request Form (only needed if not currently enrolled in Direct Deposit)

These forms are located at https://staff.sandiegounified.org/departments/payroll/pay_options

Important Information:

1. This option is available only to SDEA bargaining unit members designated as active employees in paid status who are assigned to a traditional site on July 1 of the contract year. Employees with temporary contracts scheduled to end the day prior, June 30 are excluded.
2. Employees on a Leave of Absence (LOA) from the district who do not return to paid status in an active monthly assignment by July 1 of the contract year are excluded.
3. Unit members assigned to a year-round work schedule already have their annual salary issued over 12 checks and do not need to enroll.
4. Current pay schedule status is listed on the top of each paycheck. If “Pay Group” is listed as C13, the voluntary 12-Pay Option is already in place. If C13 is not listed and you want to receive 12 paychecks beginning July of the contract year, you will need to enroll by the defined deadline.
5. Participants are required to enroll in direct deposit if they have not already done so and maintain direct deposit while enrolled in the 12-Pay Option program.
6. Incomplete applications will not be accepted. Please make sure that both the “Voluntary 12-Pay Option: Enrollment Form” and the “Voluntary 12-Pay Option: Direct Deposit Account Debit Authorization” form are signed and returned.

Termination of the Voluntary 12-Pay Option:

If you are already enrolled in the 12-Pay Option, it is not necessary to reapply to continue receiving 12 checks for the following year. You will automatically continue to be enrolled. If you enrolled previously but no longer want to participate, you must submit a **Termination of 12-Pay Option** form by the defined deadline preceding the contract year. The termination form can be found on the Districts Employee Portal website at <https://www.sandi.net/staff/payroll/pay-options-information>.

Please send your completed Voluntary 12-Pay Option forms electronically to: payroll@sandi.net.

**If you are unable to submit your forms electronically, you may mail them to:*

**San Diego Unified School District Payroll Department
4100 Normal Street, Room 1150
San Diego, CA 92103**



Voluntary 12-Pay Option Enrollment Form for: 2022-2023
For SDEA Members to Elect the Voluntary 12-Pay Option

I hereby elect to enroll in the 12-Pay Option beginning with the 2022-2023 contract year. This authorization will remain in effect from year to year until either I notify the San Diego Unified School District Payroll Department in writing of my election to withdraw participation in this program or I take a long term leave of absence from the district. I understand the enrollment must remain in effect for the full contract year.

I understand that the contract year runs from July 1 through June 30 of the following year. The first check I receive will be at the end of July and this first check represents the first salary compensation under the 12-Pay Option for that year. I also understand that the check I receive at the end of June, the last month of the contract year, will be the final payment to complete a full year of compensation. I also understand that by choosing this option **I will begin receiving pay in July of the contract year even though service will not begin, and compensation will not begin to be earned until August or September of the contract year.**

I agree to inform the District of any changes in my account status in order for the District to process the Direct Deposit Account Debit Authorization. **The debit authorization will recapture any overpayment(s) resulting from compensation paid exceeding days of service rendered. Additionally, I understand that funds paid prior to service being rendered are prone to overpayment if service in the following months is interrupted for any reason.**

In the event my direct deposit account(s) are closed, have insufficient funds or the District cannot recover the overpayment, I agree to repay the District for all overpayment(s) by cashier's check or money order within thirty-days (30) of notification to me by the District of the overpayment(s) amount due. If I fail to repay within the time prescribed, I am responsible for any collection efforts undertaken by the district, including, but not limited to, the district's attorney's fees and costs.

Name (*please print*): _____

Employee ID: _____ Date: ____/____/____

Signature: _____

Please attach a completed "Voluntary 12-Pay Option: Direct Deposit Account Debit Authorization" form and return your forms electronically to: payroll@sandi.net.

If you are unable to submit your forms electronically, you may mail them to:

**San Diego Unified School District Payroll Department
4100 Normal Street, Room 1150
San Diego, CA 92103**

The deadline to submit this enrollment form for the 2022-2023 school year is June 10, 2022.

For Office Use: Date: _____ Initial: _____



Voluntary 12-Pay Option: Direct Deposit Account Debit Authorization
Required for Enrollment in the Voluntary 12-Pay Option for SDEA Members

Employer Name: San Diego Unified School District
Employer Federal ID #: 95-6002781

I hereby authorize the San Diego Unified School District, hereinafter called the District, to initiate a debit entry to any of the direct deposit accounts listed on my current direct deposit agreement with the District. The amount of debited funds shall not exceed an amount equal to any salary overpayment made by the District to me.

This authority is limited to my obligations to the District for the cost of any overpayment that may occur as a result of me, the employee, who chooses to be paid in 12 monthly installments and who does not render the service necessary to be compensated for 12 months (i.e. unpaid leave of absence, certain changes in assignment or termination prior to the end of the contract year). In the event that my direct deposit account is closed or has insufficient funds to recover the overpayment, I agree to repay all overpayments to the District by cashier's check or money order within thirty-days (30) of notification by the District to me of the overpayment amount due. If I fail to repay the District within the time prescribed above, I am responsible for any collection efforts undertaken by the District, including, but not limited to, the District's attorney's fees and costs.

This authorization is to remain in full force for 90 calendar days from the effective date of my termination of employment. The effective date is either 1) the date specified as my last day of service in the District's notification to me of my termination or 2) the date I specify as my last day of service in my notification to the District of my departure from the District, whichever is applicable.

Name (*please print*): _____

Employee ID: _____ Date: ____/____/____

Signature: _____

Please attach a completed "Voluntary 12-Pay Option: Enrollment Form" and return your forms electronically to: payroll@sandi.net.

**If you are unable to submit your forms electronically, you may mail them to:*

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For Office Use: Date: _____ Initial: _____
