

# Montgomery County Schools

## OPTIONAL 12 MONTHLY INSTALLMENT PAY ELECTION

Name (Please Print) \_\_\_\_\_

Employee ID# \_\_\_\_\_

Job Title \_\_\_\_\_ School Assignment \_\_\_\_\_

### ELECT PARTICIPATION

I request that my annual salary be paid in 12 monthly installments instead of the 10 months of actual employment effective at the beginning of the next school year. I understand and acknowledge that my monthly salary will be reduced by 16 2/3 percent each month for 10 months of employment and that this will be paid in June and July of the following year. **I also understand that this election is irrevocable during the year in which I elect to receive 12 monthly installments.** I further understand that this election will continue from year-to-year unless it is cancelled by one of the following methods:

1. Taking a Board approved leave of absence without pay.
2. Changing assignments or percentage of employment during the school year.
3. Cancellation of this election at the beginning of the following school year.
4. Retiring, resigning or being terminated during the school term.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DECLINE PARTICIPATION

I wish to decline participation in the 12-month installment option and instead receive my pay over the 10 months of actual employment, effective the next school year. I further understand that this election will continue from year-to-year unless changed by me at the beginning of a future school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date