

**SAN DIEGO CITY SCHOOLS**

**Date:** ~~March 8, 2005~~ ~~March 10, 2005~~ ***March 11, 2005***

**To:** All Certificated Employees, Principals and Vice Principals

**Subject:** ***FINAL REVISION*** 12-PAY OPTION ENROLLMENT

**Department and/or  
Persons Concerned:** ***Regular Contract San Diego Education Association Unit Members***

**Due Date:** ***April 15, 2005***

**Action requested:** Complete and return the attached sign-up forms by the due date.

**Attachments:** New Enrollment of 12-Pay Option and Primary Direct Deposit Account Debit Authorization

**Brief Explanation:**

The District and San Diego Education Association (SDEA) have agreed to provide ***SDEA*** unit members with the option to participate in a 12-Pay Option program for the 2005/2006 contract year. This program will provide ***SDEA unit members*** the option of signing up to receive a paycheck over a 12-month period instead of the current pay cycle of 10-months. This option is specifically designed for ***SDEA unit members working*** 187 or 193 days per ***year*** at a traditional site ***since unit members assigned to year round sites are already on the 12 pay schedule.***

- Employees with 211 or 231 day work years are automatically assigned to a 12-pay schedule and do not need to enroll.
- Employees with a 187 or 193 day work year assigned to a single track year round site are automatically assigned to a 12-pay schedule and do not need to enroll.

***SDEA*** unit members will need to complete the New Enrollment of 12-Pay Option form requesting to sign-up for the program as well as completing a Primary Direct Deposit Account Debit Authorization form enabling the District to recover any overpayments to the employee that may occur as a result of the employee going to an inactive (i.e., Leave of Absence) or terminated status prior to the end of the contract year.

The contract year begins on July 1, 2005, and ends on June 30, 2006. The first day of work under the new contract is July 1, 2005, for employees at single track sites and August 29, 2005 for teachers on a traditional calendar. The first check issued on a 12 pay schedule is paid on the last working day of July. Unit members who choose to participate in the 12-Pay Option Program are required to submit completed application forms no later than ***April 15, 2005.***

***ALL REVISIONS ARE BOLDED AND ITALICIZED***

**Site Operations Circular No. 1030**

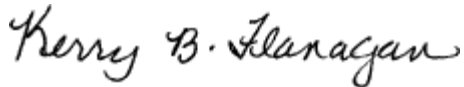
Office of the Superintendent

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Questions regarding this circular may be directed to Willy Surbrook, Director Labor Relations, at (619) 725-8171.

William R. Surbrook  
Director Labor Relations

APPROVED:

A handwritten signature in cursive script that reads "Kerry B. Flanagan".

Kerry B. Flanagan  
Chief of Staff

WRS:vv

Distribution: Lists B and H

**PRIMARY DIRECT DEPOSIT ACCOUNT  
DEBIT AUTHORIZATION**

COMPANY NAME: SAN DIEGO UNIFIED SCHOOL DISTRICT

COMPANY ID NUMBER: 95-6002781

I hereby authorize San Diego Unified School District, hereinafter called Company, to initiate a debit entry to my primary direct deposit account at the financial institution shown below, hereinafter called Depository. The amount of debited funds shall not exceed an amount equal to any salary overpayment made by Company to me.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

This authority is limited to my obligations to the Company for the cost of any overpayment that may occur as a result of me, the employee, going to an inactive (for example, leave of absence) or terminated status prior to the end of the *contract* year. In the event that my primary direct deposit account is closed, or has insufficient funds to recover the overpayment, I agree to repay all overpayments to Company by cashiers check or money order within thirty-days (30) of notification by Company to me of the overpayment amount due.

This authorization is to remain in full force and effect until my termination of employment and until Company and Depository have received written notification from me of the termination of my employment in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

NAME \_\_\_\_\_  
(Please print)

TAX ID NUMBER/SSN: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_ SIGNED: \_\_\_\_\_

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**ATTACH A COMPLETED "NEW ENROLLMENT OF 12-PAY OPTION AS OF \*2005/2006 SCHOOL YEAR"**

**TO THIS FORM AND RETURN TO:  
SAN DIEGO CITY SCHOOLS, HUMAN RESOURCES ATTN: INPUT  
4100 NORMAL STREET, ROOM 1241, SAN DIEGO, CA 92103  
THANK YOU.**

**FOR OFFICE USE: ENTER DATE: \_\_\_\_\_  
INITIALS: \_\_\_\_\_**

**NEW ENROLLMENT OF 12-PAY OPTION  
AS OF  
2005/2006 SCHOOL YEAR**

I hereby elect to enroll in the 12-Pay Option *beginning* the *2005/2006* school year. This authorization will remain in effect from year to year unless I notify the San Diego Unified School District (District) Payroll Department in writing of my election to withdraw participation in this program.

I understand that the first check I will receive will be the July 2005 payroll. This first check represents the first salary compensation of the 12-Pay Option for the 2005/2006 contract year.

I agree to inform the District of any changes in my account status in order for the District to process the Primary Direct Deposit Account Debit Authorization in an effort to recapture any *overpayment(s)* via a debit authorization in full payment of any overpayment resulting from not completing my contract for the contract year.

In the event that my primary direct deposit account is closed, has insufficient funds or the District cannot recover the overpayment, I agree to repay the District all overpayment(s) by cashiers check or money order within thirty-days (30) of notification *to me by* the District of the overpayment(s) amount due.

NAME(S) \_\_\_\_\_  
(Please print)

TAX ID NUMBER/SSN: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_ SIGNED: \_\_\_\_\_

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**ATTACH A COMPLETED "PRIMARY DIRECT DEPOSIT ACCOUNT DEBIT AUTHORIZATION"  
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SAN DIEGO CITY SCHOOLS, HUMAN RESOURCES ATTN: INPUT  
4100 NORMAL STREET, ROOM 1241, SAN DIEGO, CA 92103  
THANK YOU.**

**FOR OFFICE USE: ENTER DATE: \_\_\_\_\_  
INITIALS: \_\_\_\_\_**