



**Voluntary 12-Pay Option
2021-22 Termination Form**

I hereby elect to terminate my participation in the 12-Pay Option beginning with the 2021-22 contract year.

I understand that if I am assigned to a traditional site, I will not receive a check for the months of July 2021 and August 2021 as a result of terminating the 12-Pay Option.

I understand that this decision is irrevocable for the 2021-22 contract year. I understand that I may choose to participate in a future contract year if I meet all eligibility guidelines and complete all necessary forms during a future open enrollment period.

Name (*please print*): _____

Employee ID: _____ Date: ____/____/____

Signature: _____

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

**If you are unable to submit an electronic copy, you may mail your form to:*

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

For Office Use: Date: _____ Initial: _____
