

**BRISTOL VIRGINIA PUBLIC SCHOOLS
TWELVE-MONTH OPTION AGREEMENT FOR 10-MONTH (200 DAYS) TEACHERS
2019-2020**

Name: _____ SS# _____
 Last First Middle

Work Location: _____

This agreement replaces any prior twelve-month pay option agreement and is the **ONLY** twelve-month pay option available for ten-month teachers for 2019/2020. Only ten-month teachers are eligible for this option. This agreement pays ten-month (200 days) teachers their annual salary over 12 pay periods. Under this agreement teachers receive 10 paychecks during the school year plus two (2) additional paychecks (one on July 15 and one August 15) after the end of school year. Only taxes (Federal, FICA and Medicare) will be deducted from these two (2) additional checks. **This option requires Direct Deposit and it will remain in force throughout the year.**

Twelve-Month Pay Option Authorization Agreement

I hereby authorize Bristol Virginia School Board to distribute my annual salary over 12 pay periods. I understand that this agreement will remain in effect until I cancel this agreement in writing at the end of the school year or the school system withdraws this option. I will inactivate this option, upon my return to paid status, following a leave of absence of 31 days or greater. When the number of consecutive days unpaid is greater than ten (10) but less than thirty-one (31), and will result in a substantial reduction in my monthly pay, my summer pay check will be reduced accordingly. I will need to execute a new authorization upon my return to work, if I wish to return to the Twelve-Month Option for the following year. I further agree that if I do not currently have Direct Deposit, *signing this form will constitute enrollment in Direct Deposit and the Twelve-Month Option*, I agree to be bound by the Direct Deposit Authorization Agreement stated below:

Direct Deposit Authorization Agreement

I hereby authorize Bristol Virginia School Board to make deposits from my payroll and, if necessary, make adjustment for deposits made in error, to my checking account *listed on my attached check*. This authority will remain in force and effect until the School Board receives written notification from me of its termination or change and, in such time and manner as to afford the School Board a reasonable opportunity to act upon it. (Changing checking accounts will not invalidate my 12 –month pay option; however, I must contact my banking institution to arrange for distribution after the funds are received in my checking account.)

Check One Below:

☐ I currently have direct deposit.

☐ I do **not** have direct deposit. If you do not currently have direct deposit, attach a blank check from your checking account and write the word "VOID" on the blank check.

EMPLOYEE SIGNATURE: _____ DATE: ____/____/____
My signature authorizes conversion to the Twelve-Month Option with mandatory direct deposit.

ATTACH CHECK HERE