

Sequoia Union High School District
480 James Avenue
Redwood City, CA 94062
Division of Personnel Services

CERTIFICATED ELEVEN-MONTH/TWELVE-MONTH PAY PLAN

Name: _____
(PLEASE PRINT)

Last four digits of Social Security Number: _____

☐

I wish to convert to a eleven-month salary plan. I understand that I cannot make a change in pay plan again until the close of the current school year. I also understand that any future changes in pay plans must be made prior to **August 1** of the school year in which it is to take effect.

☐

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☐

I have enclosed new instructions for payroll deductions.

Signature _____ Date _____

RETURN YOUR FORM TO PAYROLL