



DISTRIBUTION OF PAYROLL CHECKS

EMPLOYEE PERSONAL INFORMATION:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix
XXX - XX - _____	_____	_____	
Social Security No. (Last 4 digits)	Work Location	Position Title	

SELECT A METHOD FOR PAYCHECK DISTRIBUTION:

Mark the option you prefer with an "X"

OPTION 1: _____ I elect to pick up my check at my work site _____
WORK LOCATION (if known)

OPTION 2: _____ I elect to have my check deposited directly to my bank account; I understand that requires me to complete the Direct Deposit Authorization Agreement. **The Direct Deposit enrollment may take up to two pay cycles to come into effect (i.e. up to two months).**

⇒ Regular Classified Employees: Your check will be delivered to your assigned work location until the direct deposit is in effect as indicated above;

⇒ Employees employed solely in a substitute or classified-exempt (i.e. Campus Supervisor or Walk on Coach) capacity only, may elect to pick up your check at your work location or have it mailed to your home address until the direct deposit is in effect; complete mailing address in Option 3 below, but **do not mark** Option #3 as your elected permanent check delivery option.

*OPTION 3: _____

***AVAILABLE ONLY TO SUBSTITUTE OR EXEMPT EMPLOYEES WHO DO NOT HOLD REGULAR CERTIFICATED OR CLASSIFIED ASSIGNMENTS.** I elect to have my check mailed to the following address:

MAILING ADDRESS:

_____	_____
Street	Unit/Apartment #
_____	_____
City	State Zip Code

EMPLOYEE ACKNOWLEDGEMENT OF PAYROLL POLICY AND LOST CHECK DISCLAIMER

Initial in the space next to each policy statement

_____ Employees in regular classified positions are paid **ONCE** a month, at the end of the month when service is rendered. Substitute/Exempt employees who do not hold any regular classified position are on a payment cycle that is one month behind (Example: An employee will receive their check for services rendered in the month of January at the end of February).

_____ It is the responsibility of the employee to notify the Payroll and/or Personnel departments of any discrepancies (i.e., overpayments or underpayments) in payment of wages, overtime, shift-differentials, and/or longevity immediately upon discovering an error regardless if its an overpayment or an underpayment of total compensation.

_____ Employees shall reimburse the District for any and all "overpayments" regardless if they had or did not have knowledge that an overpayment was occurring.

I absolve the Conejo Valley Unified School District of all responsibility in any and all cases where my check may be lost in the mail. I also understand that in all such cases, it is my responsibility to do all checking, tracing, and investigating in the effort to rectify the problem.

I understand that if my payroll check is lost, I must submit a statement (V.C.C.S.O. Form #SB1123) to the Payroll Department and that it may take up to 10 days to have the check replaced.

Signature

Date