CONEJO VALLEY UNIFIED SCHOOL DISTRICT
PERSONNEL SERVICES DIVISION
1400 E. Janss Road, Thousand Oaks, California 91362
Telephone (805) 497-9511 · FAX (805) 494-3741

DISTRIBUTION OF PAYROLL CHECKS

EMPLOYEE PERSONAL INFORMATION:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

XXX - XX - _____ Work Location _____ Position Title _____
Social Security No. (Last 4 digits)

I authorize 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 by checking the following; ☐ work location ☐ home address

I hereby authorize the Ventura County Office of Education (VCOE) and/or its agents, to initiate email delivery of my monthly payroll direct deposit remittance advice (paystub) to a designated email address. For security purposes we recommend using your CVUSD email *(not available to substitutes).*

_____ **OR** _____
Sign to designate CVUSD email (log-in provided upon start date) Designated Personal Email Address

EMPLOYEE ACKNOWLEDGEMENT OF PAYROLL POLICY AND LOST CHECK DISCLAIMER

Initial in the space next to each policy statement

_____ I understand access to my encrypted file will require entering the last 4 digits of my social security number.

_____ I must submit a new authorization form if I change my email address, or wish my Remittance Advice sent to a different email address. All changes must be submitted to the CVUSD Payroll Office in a timely manner.

_____ Email delivery of my Remittance Advice may be suspended if 2 consecutive reports are rejected, or if Direct Deposit is suspended.

_____ This authorization replaces any previously made by me and is to remain in effect until change or cancelled by submission of a new authorization.

_____ 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