

## District School Board of Pasco County PERFORMANCE PAY OPT IN FORM

] I am a teacher employed on a continuing contract or professional services contract. I elect to opt in to the performance pay plan, subject to the conditions outlined below.

Name			
	(Last)	(First)	(MI)
School			-
Employee ID #		-	

By signing below, I am opting into the performance pay plan. I acknowledge that by opting into the performance pay plan, I am permanently relinquishing my continuing contract or professional services contract and cannot ever return to a continuing contract or professional services contract. I understand that my future employment will be on an annual contract effective as of the date below.

Signature

Date

Please return completed form to Teresa Montanez, Manager, Office for Human Resources and Educator Quality (via e-mail tmontane@pasco.k12.fl.us).