



PAY OPTION CHANGE CONSENT FORM

21.5/26.5 PAY OPTION FOR 10-MONTH EMPLOYEES

(THTA)

Forms must be received by the payroll department no later than **September 1** for changes to take effect in the upcoming school year.

___ I request that my salary be spread over 21.5** bi-weekly pays from the first contractual pay beginning in September.

___ I request my salary be spread over 26.5** pays from the first contractual pay beginning in September, with a pile up check equivalent to 5 paychecks paid out the final Thursday of the school year.

*I understand this option is **irrevocable** throughout the school year.*

I understand that this option will remain in effect until I submit a new Pay Option Change Consent Form.

***Guidance Department Employees – Checks numbers may differ each year depending on student calendar and requirements to work until June 30th. (ie 22/26 checks - 21.5/25.5 checks).*

NAME (PLEASE PRINT)

SIGNATURE & DATE

If you need further assistance, please contact the Payroll Department @ 845.446.9575 xt 1101