PAYROLL DESIGNATION FORM

I hereby authorize the BOCES Payroll Department to divide my gross salary as checked below:

21 pays (gross salary in 21 equal biweekly payments September through June).

26 pays (gross salary divided by 26; 20 equal biweekly payments, last payment in June will be the remainder of gross salary).

No changes will be allowed after the first payroll run.

Date:

Signature:

Print Name:

Note: It is not necessary for you to return this form if your election of pay will remain the same as the previous school year. Only submit this form if you will be making changes in your election of pay.