

East Jackson Community Schools

PAY SCHEDULE ELECTION FORM

I, _____, elect to have my salary/wages paid as follows:
(print name clearly)

____ As an employee of East Jackson Community Schools, I am formally requesting spread salary/wages over the pay periods in the school year (20 annual pay periods), with last pay following the last student day of the school year.

Pay shall be spread over semi-monthly pay periods during the work year.

This pay schedule election is irrevocable once executed and submitted to payroll. Notice of change in pay schedule elections must be made in writing, signed and received on or before the close of business on August 1 of each school year.

NOTICE: If you have a regular payroll deduction for medical coverage, or elective supplemental insurance coverage, the July and August payments must be reconciled on or before the end of the fiscal year (June 30). Otherwise, the district is authorized to be deducted from the final payroll in June.

Employee Signature

Date