

## Pay Period Election Form

Please PRINT the following information:

Name:	
Employee #:	

I wish to elect to have my salary paid over the following number of pays:

- 26 biweekly payments
- 21 biweekly payments

### 3. Further, I understand the following:

- a) This election is irrevocable during the contract year. My election will be continuous from year to year unless I request a change in writing prior to August 1st of each school year.
- b) Elections can only be changed prior to August 1st of a contract year.
- c) In the event of death, or retirement, my deferred compensation will be paid in one lump sum.
- d) If I do not make any election, the default schedule will be 26 pays.

Signature:

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Date:

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