

12 Month Payroll Election

Print Name: _____

Last 4 digits of SS#: _____

Please change my annual payroll to (check box):

Spread my annual salary over 12 equal pay checks

Spread my annual salary over my contracted months only.

Signature _____

Date _____

Only ELIGIBLE Employees can make this election

(an eligible employee is one who works 4 or more hours per day)

Changes to current election must be received in the Payroll Department prior to the first working day of the employee's new contract.

** Return completed form to the Payroll Department*