

**BRIGHTON AREA SCHOOLS  
TEACHER CONTRACT PAY OPTIONS**

**NAME:** \_\_\_\_\_  
(Please print)

**I am requesting the following option for my contract payments.  
(Note: Select only one option)**

\_\_\_\_\_ **I elect to receive my contract payments in 21 pays.**

\_\_\_\_\_ **I elect to receive my contract payments in 26 pays.**

**Please check the appropriate box above and then sign and date below.**

**For new teachers, please check the appropriate box above indicating  
your choice for the start of your new contract.**

**For returning teachers, please return this form to the Business Office at  
BECC by July 1<sup>st</sup>.**

**Note: This option will remain in effect until a new form is completed  
and returned to the Business Office.**

**SIGNED:** \_\_\_\_\_

**EMPLOYEE #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_