



Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070
www.oneida-boces.org

SALARY PAYMENT SELECTION FORM

NAME: _____

ADDRESS: _____

SSN: _____

I request that my salary for the school year be paid to me in:

22 Equal Payments

26 Equal Payments*

I understand that my selection will be **IRREVOCABLE** after July 1 of the new school year. I will be able to change my selection for the **next** school year only if I submit a new form to the payroll office by the second Friday in June of the current school year. If I do not request a change in the number of pays I receive, my current selection will remain in effect.

*Employees that select 26 equal payments will receive one regular biweekly paycheck and one paycheck equivalent to four biweekly paychecks on the last pay date of the school year.

Signature

Date