

SCHOOL ADMINISTRATIVE UNIT #84

Littleton School District

For Fiscal Year _____

PAYROLL AUTHORIZATION UPDATE FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I understand that my election must be made before the beginning of the school year to which it applies or as part of the new employee packet and is irrevocable once the school year begins.

I elect to receive my school year compensation in:

_____ 22 Equal pays September – June

_____ 26 pays on an annualized basis over a ten (10) month period September – June, with a balloon payment in June.

_____ 26 pays with checks issued during July/August

PRINT NAME: _____

SIGNATURE: _____

DATE: _____