

Department of Human Resources
Sheila Dorsey-Smith, Assistant Superintendent

Request for 26 Bi-weekly Salary Payments

I hereby request that my yearly salary be paid to me in twenty-six (26) bi-weekly installments beginning:

Month: _____ Year: _____

This authorization remains in effect year-after-year unless canceled by me at the end of any school year.

(I understand that the Board has the right to cancel this program any year.)
Persons planning to retire should cancel this authorization the year preceding retirement. I understand once this plan is put into operation, prepayment will not be made.

Employee name printed

Employee's signature

Date: _____

Employee ID #: _____

Last 4-digits of SSN: _____

Building/Department: _____

Entered in MUNIS by: _____

Date: _____

Confirmation sent to employee: _____