

LONG BEACH PUBLIC SCHOOLS  
235 LIDO BOULEVARD  
LIDO BEACH, NY 11561

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**PAY OPTION FORM**

*For Currently Employed LBCSD Teachers Wishing to Change Their Option*

I hereby authorize the payment of my annual salary in the manner indicated below for the **fiscal year following the date of this authorization**.

**OPTION A:** \_\_\_\_\_ 21 paychecks. I wish to receive 1/21 of my annual salary every two weeks from the first pay date in September through the next to last pay date in June. The remainder of my annual salary will be paid on the last pay date in June. All deductions will be spread over the 21 paychecks.

**OPTION B:** \_\_\_\_\_ 25 paychecks. I wish to receive 1/25 of my annual salary every two weeks from the first pay date in September through the last pay date in June. All deductions will be spread over the first 21 paychecks. The remainder of my annual salary will be paid in a separate paycheck on the last pay date in June. This paycheck will not have any deductions.

**OPTION C:** \_\_\_\_\_ 26 paychecks. I wish to receive 1/26 of my annual salary every two weeks from the first pay date in September through the last pay date in June when I will receive the remaining 5 paychecks as separate checks all dated June 30th which are **to be deposited at my discretion** within the next 3 months. **Direct deposit is NOT available for the last 6 paychecks** with this option. All deductions will be spread over the 26 paychecks.

I understand that this election will remain in effect until I file a new *Pay Option Form* which will go into effect the fiscal year following the date this form is filed with the Office of Personnel. The last day to file this form is the last day of school, or the change will not be made until the following fiscal year. I further understand that if no election is made, I will be paid under Option A (21 pay periods).

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

*Please return this form to the Office of Personnel.*

(5/13/11)