

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

PAY OPTION FORM

For Currently Employed LBCSD Teachers Wishing to Change Their Option

Note: For the 2019/2020 school year those opting for the 25 pay option will receive the equivalent of 4 paychecks in their final check & those opting for the 26 pay option will receive 5 separate paychecks.

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: _____ 21.5 paychecks. I wish to receive 1/21 of my annual salary every two weeks from the first pay date in September through the last pay date in June. All voluntary deductions will be spread over 20 of the 21 paychecks*. The last check will be .5 of a full check with no deductions.

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. The last paycheck in June (received on the last day of school) will be a lump sum payment that is comprised of 4 paychecks with no 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 (which is the last day of school) when I will receive 5 separate paychecks all dated the last day of school. These checks are **to be deposited at my discretion** within 3 months of receipt. **Direct deposit is NOT available for these last five paychecks** with this option. All voluntary deductions will be spread over 25 of the 26 paychecks*.

- *There will be no voluntary deductions taken out of the last paycheck in January.*

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 that the form is filed with the Payroll Office. The last day to file this form is June 30th, or the change will not be made until the following fiscal year.

Date: _____

Print Name: _____

Sign Name: _____

Please return this form to Lisa Durkin /Administration building / Business Office.

(Revised 5/9/19)