

Long Beach Public Schools
Lido Boulevard
Lido Beach, NY 11561

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

PAY OPTION FORM- Group C 10 Month Full-time Employees

OPTION A: _____ 22 paychecks. I wish to receive 1/22 of my annual salary every two weeks. All voluntary deductions will be taken two times per month*.

OPTION B: _____ 25 paychecks. I wish to receive 1/25 of my annual salary every two weeks with the final paycheck equal to a lump sum payment that consists of four paychecks. All voluntary deductions will be taken two times per month*.

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

PAY OPTION FORM- Group A & B 10 Month Employees

OPTION A: _____ 21.5 paychecks. I wish to receive 1/21 of my annual salary every two weeks with the final paycheck equal to .5 of the standard pay. All voluntary deductions will be taken two times per month*.

OPTION B: _____ 25 paychecks. I wish to receive 1/25 of my annual salary every two weeks with the final paycheck equal to a lump sum payment that consists of four paychecks. All voluntary deductions will be taken two times per month*.

****Group A ONLY**

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 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.** 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.*

Note: For the 2025/2026 school year those opting for the 25 pay option will receive the equivalent of 4 paychecks in their final check.

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 July 15th, or the change will not be made until the following fiscal year.

Date: _____

Print Name: _____

Sign Name: _____

Please return this form to Theresa Stavola: TSTAVOLA@LBEACH.ORG Administration Building/Business Office