

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES**

Hamilton-Fulton-Montgomery Counties  
2755 State Highway 67  
Johnstown, NY 12095  
(518) 736-4310, ext. 4302

**EMPLOYEE STATISTICS**

2025 - 2026

(Circle one) Mr. Mrs. Miss Ms.

NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street/PO Box  
\_\_\_\_\_  
City/State/Zip

TELEPHONE NUMBER: \_\_\_\_\_

Please circle your choice for the distribution of your gross salary.

**PLEASE NOTE: THE CHOICE MADE NOW IS IRREVOCABLE FOR THIS SCHOOL YEAR**

***10-Month Option:***

Payments spread over 10 months. First payroll will be a 1-week check dated 9/5/25, followed by a 1-week check dated 9/12/25, followed by 20 bi-weekly checks ending on 6/18/26.

***\*Bulk Pay Option:***

Payments spread over 10 months. First payroll will be a 1-week check dated 9/5/25, followed by a 1-week check dated 9/12/25, followed by 20 bi-weekly checks ending on 6/18/26. A final **bulk check** at the end of the school year will be equivalent to five (5) bi-weekly checks and will be dated **6/17/26**.

***\*Deferred Pay Option:***

Payments spread over 12 months. First payroll will be a 1-week check dated 9/5/25, followed by a 1-week check dated 9/12/25, followed by 24 bi-weekly checks ending on 8/14/26.

***\* If you choose either the bulk pay or deferred pay option, you are required to have a Payroll Election Form on file with the HFM BOCES Payroll Department. A copy of the form has been enclosed for your use.***

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PLEASE RETURN FORM TO CARENE CHRISTENSEN, SENIOR ACCOUNT CLERK BY JUNE 6, 2025**