

TO: HFM BOCES Ten-Month Employees

FROM: Jayette Miller, Senior Account Clerk

RE: 2018-2019 Payroll Election

*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.*

ELECTION

Please select one:

____ 1. I _____ (print name), elect to receive my school year compensation over a ten (10) month period (September-June) to include a bulk check equivalent to five (5) bi-weekly checks (to be paid at the end of the school year per payroll schedule).

____ 2. I _____ (print name), elect to receive my school year compensation on an annualized basis over a twelve (12) month period (September-August), instead of only during the school year (September-June). I understand that my compensation will be paid ratably, over twelve (12) months starting with the beginning of the school year.

My election is made and effective this _____ day of _____ (month), _____ (year).

I understand that my election is irrevocable once the school year begins. It may be changed for future school years. However, I further understand that this election form will remain in place until or unless I change my school year compensation distribution selection.

Signature: _____

Explanation: The election is intended to meet the requirements of U.S. Treasury Regulation Section 1.409A-2(a)(14). If a school employee wishes to receive his/her salary over a twelve (12) month period versus the (September-June) school year, this election form must be completed and returned to the HFM BOCES Business Office. The election must be made before the beginning of the school year to which it applies