

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Hamilton-Fulton-Montgomery Counties
2755 State Highway 67
Johnstown, NY 12095
(518) 736-4310, ext. 4688

EMPLOYEE STATISTICS

2019 - 2020

(Circle one) Mr. Mrs. Miss Ms.

NAME (Last, First, M.I.): _____

ADDRESS (Street/PO Box): _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER: _____

Please *circle* your choice of **10-Month** , **Bulk Pay** or **Deferred Pay** 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 9/6/19, followed by a 1-week check dated 9/13/19, followed by 21 bi-weekly checks ending on 6/26/20.

****Bulk Pay Option:***

Payments spread over 10 months. First payroll will be a 1-week check dated 9/6/19, followed by a 1-week check dated 9/13/19, followed by 21 bi-weekly checks ending on 6/26/20. A final **bulk check** at the end of the school year will be equivalent to five (5) bi-weekly checks and will be dated **6/25/20**.

****Deferred Pay Option:***

Payments spread over 12 months. First payroll will be a 1-week check dated 9/6/19, followed by a 1-week check dated 9/13/19, followed by 25 bi-weekly checks ending on 8/21/20.

** 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 THIS FORM TO JAYETTE MILLER, PAYROLL CLERK, BY AUGUST 23, 2019.