BOARD OF COOPERATIVE EDUCATIONAL SERVICES

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

EMPLOYEE STATISTICS

2023 - 2024

(Circle one) Mr. Mrs. Miss Ms.

NAME:			
	Last	First	M.I.
ADDRES	SS:		
		Street/PO Box	
		City/State/Zip	
TELEPH	ONE NUMBER:		
Please <u>ci</u>	rcle your choice for the distrib	bution of your gross salary.	
PLEASI	E NOTE: THE CHOICE N	ADE NOW IS IRREVOCA	ABLE FOR THIS SCHOOL YEAR
10-Mon	th Option:		
		hs. First payroll will be a 1-we ollowed by 21 bi-weekly check	ek check dated 9/1/23, followed by s ending on 6/21/24.
*Bulk P	ay Option:		
1	Payments spread over 10 months. First payroll will be a 1-week check dated 9/1/23, followed by a 1-week check dated 9/8/23, followed by 21 bi-weekly checks ending on 6/21/24. A final bulk check at the end of the school year will be equivalent to five (5) bi-weekly checks and will be dated 6/20/24.		
*Deferre	ed Pay Option:		
	•	hs. First payroll will be a 1-we 3, followed by 25 bi-weekly ch	ek check dated 9/1/23, followed ecks ending on 8/16/24.
* If you of file with	choose either the bulk pay or o the HFM BOCES Payroll Dep	deferred pay option, you are re partment. A copy of the form ha	quired to have a Payroll Election Form on as been enclosed for your use.
DATE:	SIGN	ATURE:	