

Ann N. Bonitatibus, Ed.D.
Superintendent

Jon Sand, Ed.D.
Assistant Superintendent, Business Services



TO: CERTIFICATED PAYROLL

NAME: _____

WORK LOCATION: _____

FOR THE 2015-16 SCHOOL YEAR, I WISH TO BE PAID AS FOLLOWS:

11 PAYMENTS _____

12 PAYMENTS _____

Date

Employee Signature

Social Security Number