

Mark W. McLaughlin, Ed.D.
Superintendent

Victor P. Hayek, Ed.D.
Deputy Superintendent, Business Services



TO: CERTIFICATED PAYROLL

NAME: _____

WORK LOCATION: _____

**FOR THE _____ SCHOOL YEAR, I WISH TO HAVE MY PAY EQUALIZED AND
PAID IN 12 PAYMENTS.**

Date

Employee Signature

Social Security Number