SALMON RIVER CENTRAL SCHOOL FORT COVINGTON, NEW YORK

METHOD OF SALARY PAYMENT AUTHORIZATION

INSTRUCTIONS:

Since salary payment, other than on a regular basis, requires legal authorization by the employee, we are requesting that you complete the section below to indicate your choice of payment for the school year.

This choice remains in effect for future years unless changed by the employee prior to the beginning of the school year.

SELECTION #1

Signature of Employee)	(Date)

TION #2	
Please compute my salary paym hroughout the school year.	nents on the basis of 1/21 of my contract salary bi-
noughout the school year.	

PLEASE NOTE: THIS AUTHORIZATION WILL BECOME PART OF YOUR PERMANENT PAYROLL RECORDS AND WILL NOT BE CHANGED UNLESS A REVISED FORM IS COMPLETED PRIOR TO THE BEGINNING OF THE SCHOOL YEAR.