

THIS FORM MUST BE RETURNED BY JUNE 1, 2018

Employee Name:

(PLEASE PRINT!!!)



MADRID WADDINGTON CENTRAL SCHOOL DISTRICT  
MADRID, NEW YORK 13660

### METHOD OF SALARY PAYMENT AUTHORIZATION 2018-2019 SCHOOL YEAR

Please complete the appropriate section below to indicate your method of salary payment for the 2016-2017 school year.  
This selection may not be changed during the school year.

**Selection #1**

Please compute my salary payments on the basis of 1/26.5 of my contract salary bi-weekly throughout the school year.

(This choice allows for a BIG CHECK in June)

I hereby acknowledge that this selection cannot be changed during the school year.

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date

**Selection #2**

Please compute my salary payments on the basis of 1/21.5 of my contract salary bi-weekly throughout the school year.

I hereby acknowledge that this selection cannot be changed during the school year.

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date

**IN ADDITION TO THE ABOVE:**

PLEASE INITIAL IF YOU DO NOT WANT TO PARTICIPATE

(Initial) \_\_\_\_\_ I DO NOT wish to participate in any FLEX Plan Withholding

(Initial) \_\_\_\_\_ I DO NOT wish to participate in the Dental Plan Withholding

(Initial) \_\_\_\_\_ I acknowledge that I am able to participate in the Tax Sheltered Annuity deduction and I must see my investment professional in order to initiate or change my deduction.

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date

If you wish to participate in the FLEX plan, or enroll in the Dental Plan, please fill out the appropriate form(s) and return all forms to Lori MacIntosh.