*DATE: (Date)*

*TO: (Employee), (Job Title)*

*FROM: (Designated Person)*

*Payroll Office*

*RE: Pay Options for* ***(Year-Year)*** *Fiscal Year*

*Please indicate below your preference as to how you would like to receive your wage for the (Year-Year) school year. For your convenience, a payroll schedule is included with this memo.*

*INSTRUCTIONS: 1. Check payroll choice*

***2. Sign and date the form***

*3. Make a photocopy for your records*

*This form must be returned to the Payroll Office by (Date)*

*\_\_\_\_\_\_ Hours worked each pay period (****hours on time sheet****)*

*\_\_\_\_\_\_ Twenty-one (21) equal pays (Date – Date)*

*\_\_\_\_\_\_ Twenty-six (26) equal pays (Date – Date)*

***Note: Forms not returned by (Date) will assume hourly pay from time sheets.***

***Completion of this form does not constitute a contract for employment in any manner.***

 ***(EMPLOYEE NAME) (EMPLOYEE ID)***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Printed Name*** ***Employee ID Number***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 ***Signature******Date***