



# Lexington Public Schools

146 Maple St ❖ Lexington, Massachusetts 02420

## TEACHER PAYROLL SELECTION OPTION

**Due annually by August 1.**

Teachers have an option of choosing 21 equal payments or 26 equal payments. Once a plan has been chosen it has to remain in effect for the current school year. It can only be changed after school ends for the following school year. Once you have chosen your plan, it will remain in effect unless the Payroll Office is given notification of change at the end of a school year on this form. Please submit the signed request anytime from the last day of school until August 1, or at the time of hire to

Cathie Carroll, Finance Manager  
Business Office

### **Payroll Selection:**

I wish to choose the following payment plan and understand that my bi-weekly payroll does not directly reflect my contracted pay. I will be paid in full by the last school day of each school year.

21-payment plan \_\_\_\_\_  
(21 equal bi-weekly payments)

26-payment plan \_\_\_\_\_  
(21 equal bi-weekly payments plus one lump sum payment on the last day paycheck of the school year)

Print Name: \_\_\_\_\_  
(Legal Name as it appears on Social Security Card)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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*Office Use Only:*

Employee Number: \_\_\_\_\_ Employee Job Class \_\_\_\_\_ Date of First Payroll: \_\_\_\_\_

Payroll Calculation: Employee FTE: \_\_\_\_\_

Grade \_\_\_\_\_ Step \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_ /21 = \$ \_\_\_\_\_ per payroll

Grade \_\_\_\_\_ Step \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_ /26 = \$ \_\_\_\_\_ per payroll

Date Sent to Benefits Coordinator: \_\_\_\_\_