



Putnam/Northern Westchester
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
200 BOCES Drive, Yorktown Heights, NY 10598-4399
(914) 248-2327, Fax (914) 245-4540

SALARY PAYMENT PLAN

To be completed only by:
New employees and current employees requesting a change

Please Select a Plan

_____ **Plan 1: Twenty-two (22)** payments of equal installments of annual salary in accordance with the payroll calendar from September through June.

_____ **Plan 2: Twenty-six (26)** payments of equal installments of annual salary in accordance with the payroll calendar from September through June, with the exception of the last check. This check will include four (4) payroll amounts, or 4/26th of annual salary.

I authorize BOCES to pay in accordance with the payroll calendar from September through June applying the plan I selected above.

Signature

Date

Print Name

**Please return form to Payroll Department no later than
August 15th of current School Year**