



**Hopewell Valley Regional School District
Business Office**

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**John Agourides
Payroll Accountant/
Health Benefits Coordinator**

TO: ALL TEN-MONTH EMPLOYEES

FROM: John Agourides

RE: Summer Payment Plan

All ten-month employees receive twenty (20) gross pays per school year. Employees who choose the Summer Payment Plan will have *ten percent* withheld from each of the 20 gross pays unless some other percent is requested and indicated on this form. On June 30, four checks, each equal to one fourth of the total withheld, will be prepared and mailed on each of the following dates: July 15, July 31, August 15, and August 30. All employees who wish to pick up all four checks on June 30, due to vacations, etc., may do so.

All ten-month employees must select, on this memorandum whether or not they wish to participate in the summer payment plan. All checks will be mailed to the employee's address on file unless otherwise indicated.

I, **DO NOT**, wish to participate in the Summer Payment Plan for the **current** school year:

Employee Signature

Location

School Year

I, **DO**, wish to participate in the Summer Payment Plan for the **current** school year: **(NOTE: please indicate on the back of this form if your pay should be mailed to a different address than what's on file.)**

Employee Signature

Location

School Year