Taconic Hills Central School District

Pay Option

To: Faculty Members

From: Payroll

Re: 21-25 Pay Option

Name (Please print clearly):	
Name (Flease print cleany).	
I am requesting the following pay option for the School	Year:
21 Pays	
25 Pays	
Signature Date	
Date Received by Business Office: (Office Us	e Only)

<u>Please Note: Once the first payroll in September has begun, you cannot change your pay option, so please make sure the business office receives this form well before that deadline.</u>