

DANBURY PUBLIC SCHOOLS
PAYROLL DEPARTMENT

PAY OPTION FORM 2019-2020

TO: TEACHERS, NURSES, PARAEDUCATORS, TUTORS, ASSISTANT TEACHERS & 11 Month

Please complete ONLY if there is a change from current payment plan. Return to Payroll Department by 6/28/2019.

I hereby authorize Danbury Public Schools to pay my salary as follows:

Payment Plan Requested for 2019-2020

1. Plan 1: 21 Payments ___ For 10 month certified teachers, interpreters
2. Plan 2: 22 Payments ___ Nurses, paraeducators, tutors & assistant teachers
3. Plan 3: 24 Payments ___ 11 month contract personnel
4. Plan 4: 26 Payments ___ 11 month personnel, certified teachers, nurses, paraeducators, tutors, assistant teachers, interpreters (Balloon payment paid on 6/17/2020)

After I have submitted my request, I understand that NO CHANGE IN PAYMENT PLAN MAY BE MADE AFTER 6/28/2019.

Base Location: _____

New Address? Yes ___ No ___

Name (PRINT): _____

Home Address: _____

City/State/Zip: _____

Telephone: _____

Signature: _____

Date: _____