

**DISTRICT OFFICES  
SOUTH COLONIE CENTRAL SCHOOLS**

**22 PAY PERIOD PLAN**

**Name** \_\_\_\_\_ **School** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_

I elect the 22 pay period plan for the next school year. I understand that this is for at least one school year and will remain in effect unless changed by me between May 1<sup>st</sup> and May 31<sup>st</sup> of each succeeding year.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_