

NEW EMPLOYEES

20 OR 24 PAY REQUEST
2024-2025 SCHOOL TERM
(FY25)

Please sign and return this form to choose your pays and to verify that you are aware of the payroll schedule.

If you are employed **240** or **261** days, your salary will be calculated on a **24** pay check basis. The first paycheck will be July 25, 2024 and the final paycheck will be distributed on July 10, 2025.

If you are employed **200** to **235** days, you may choose either **20** or **24** pays. If you choose **20** pays, the first check for the year will be September 10, 2024 and the final check will be distributed on June 25, 2025. If you choose the **24** pay option, the first pay will be September 10, 2024 and the final check will be August 25, 2025.

Direct deposit of your paycheck is required. Direct deposit forms must be on file in the payroll office. If a paycheck is mailed and lost in the mail, a replacement will not be made until one week after payday. Contact the Payroll Office for a direct deposit form.

I hereby request that my salary for the School Term 2024-2025 be paid in _____ (20 or 24) equal semi-monthly payments to be paid on the regular pay dates.

This form must be completed even if you have **direct deposit** of your paycheck.

I understand that:

- A. This payment cannot be changed during the 2024-2025 school term.
- B. **If I have failed to fill in the number of pays desired I will automatically be put on 24 pays.**
- C. I must be responsible for the correct address for items mailed. If any check is lost, a replacement cannot be made until one week after payday.
- D. Changes in pay scale during the year will be handled in the manner requiring the least bookkeeping.
- E. The 21st, 22nd, 23rd, and 24th payments cannot be made until due.
- F. If I have subscribed to a tax sheltered annuity program, deductions will be made for ten months (September-June). Deductions for the State and Federal Income Tax, Social Security and Retirement will be made based on the amount paid each pay period. If I have optional life or health insurance, the premium will be withheld on the first payment of each month. The premium will be withheld on both checks in May and June to cover July and August premiums for all employees.

Please return this form Sherry Barnett, EPIC Administrator ASAP.

EMPLOYEE'S NAME - **PLEASE PRINT**

EMPLOYEE'S SIGNATURE

EMPLOYEE ID # _____

LOCATION _____

EMPLOYMENT TERM: _____ DAYS POSITION _____

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