

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Hamilton-Fulton-Montgomery Counties
2755 State Highway 67
Johnstown, NY 12095
(518) 736-4310, ext. 4688

EMPLOYEE STATISTICS

2024 - 2025

(Circle one) Mr. Mrs. Miss Ms.

NAME: _____
Last First M.I.

ADDRESS: _____
Street/PO Box

City/State/Zip

TELEPHONE NUMBER: _____

Please circle your choice for the distribution of your gross salary.

PLEASE NOTE: THE CHOICE MADE NOW IS IRREVOCABLE FOR THIS SCHOOL YEAR

10-Month Option:

Payments spread over 10 months. First payroll will be a 1-week check dated 9/6/24, followed by a 1-week check dated 9/13/24, followed by 20 bi-weekly checks ending on 6/20/25.

****Bulk Pay Option:***

Payments spread over 10 months. First payroll will be a 1-week check dated 9/6/24, followed by a 1-week check dated 9/13/24, followed by 20 bi-weekly checks ending on 6/20/25. A final **bulk check** at the end of the school year will be equivalent to five (5) bi-weekly checks and will be dated **6/18/25**.

****Deferred Pay Option:***

Payments spread over 12 months. First payroll will be a 1-week check dated 9/6/24, followed by a 1-week check dated 9/13/24, followed by 25 bi-weekly checks ending on 8/15/25.

** If you choose either the bulk pay or deferred pay option, you are **required** to have a **Payroll Election Form** on file with the HFM BOCES Payroll Department.*

DATE: _____ SIGNATURE: _____

PLEASE RETURN FORM TO CARENE CHRISTENSEN, SENIOR ACCOUNT CLERK