



400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

2020-2021 Check Distribution Form

Form Instructions

This form is for members of the Ithaca Teachers Association (ITA), Education Support Professionals/Ithaca (ESP/I) & 10 Month Service Employees

Please note, there are only two (2) paycheck distribution schedules for you to choose from (22 paychecks or 26 paychecks). If you do not know whether you are currently on a 22 paycheck schedule or a 26 paycheck schedule, please call the Office of Human Resources at 274-2138 (ITA), 274-2310 (ESP/I), and 882-9542 (Service).

INITIAL ELECTION UPON HIRE (Check one)

I elect to have my annual salary distributed over **twenty-two (22)** pay periods from September through June

The twenty-two (22) periods begin with one smaller check in September followed by twenty-one (21) full paychecks through June

I elect to have my annual salary distributed over **twenty-six (26)** pay periods from September through June.

The twenty-six (26) paychecks will be distributed during twenty-two (22) pay periods from September through June plus ONE (1) separate lump-sum distribution in June for the remaining four (4) pay periods. This is also commonly known as the "lump sum summer check."

DESIRED CHANGE (Check one) *You only need to complete this part if you wish to change your current schedule*

*If you are currently receiving the 22-paycheck distribution **and would like to change your option to the 26-paycheck distribution (lump sum summer check)**, please note this change below.*

I wish to change my option from twenty-two pay checks throughout the school year to the "lump sum summer check" (twenty-six pay checks).

*If you are currently receiving the 26-paycheck distribution (lump sum summer check) **and would like to change your option to the 22-paycheck distribution**, please note this change below.*

I wish to change my option from the lump sum summer check (twenty-six pay checks) to twenty-two pay checks throughout the school year.

The open period to change your designated annual salary distribution will end on May 29, 2020.

EMPLOYEE AUTHORIZATION FOR SALARY DISTRIBUTION

Employee Name _____ Employee # (on ICSD ID) _____

Signature _____ Date ____/____/____

THIS FORM MUST BE RETURNED ON OR BEFORE FRIDAY, May 29, 2020 TO:

**T-S-T BOCES Central Business Office
Attn: Gary James
555 Warren Road, Ithaca, NY 14850**