

SUMMER PAYROLL DEDUCTION

To have deductions withheld during the normal school year to be paid over the summer months, complete the Payroll Summer Pay Deduction Agreement form as follows:

1. The **top** portion is for setting up the deduction. Print your name in the space provided. Date and sign the form.
2. The form is effective only for September through June when initiated in **June of the previous school year. It must be completed each school year.**
3. The **bottom** portion should be utilized only to stop the deductions. Print your name in the space provided. Date and sign the form.
4. Stopping of the deduction can only occur with the start of the new school year. Stop authorization must be completed and submitted by **June of the previous year.**
5. All forms must be given to the Payroll Office.
6. Four (4) equal checks will be mailed during the summer months to those who participate in the program.
7. Lump sum payments are not available. In case of hardship, requests should be submitted in writing to the Business Administrator for consideration.
8. Direct Deposit is not available for this service.

PASSAIC COUNTY TECHNICAL INSTITUTE
Payroll Summer Pay Deduction Agreement
2012/2013

I, (please print) _____, hereby request to have my pay deducted by 10% of my gross wages for the purpose of Summer Pay arrangement as per the negotiated contract Article XVII (K).

I understand I will receive four (4) checks during the months of July and August equaling the amount withheld during the school year from September - June. I further understand that the notice of starting or stopping of this deduction must be made by the last official day of school of the current year to be effective in September of the next school year.

DATE

SIGNATURE

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*Do NOT detach*

I, (please print) \_\_\_\_\_, hereby request that the deduction for Summer Pay be **canceled** from my pay effective September, 2012.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE