



Gill-Montague Regional School District

35 Crocker Avenue
Turners Falls, MA 01376
tel 413-863-9324
fax 413-863-4560

To: Unit A Employees
From: Business Office
Subject: PAYROLL AUTHORIZATION

Please check off the appropriate statements in each box and return to the Payroll Dept.

In accordance with Section 409A: *Tax Rules Defining Deferred Compensation for School Employees*, I am hereby notified that, as an employee who has a choice between a 21 and a 26 payment system, I must in advance of the payment year, notify the employer, in writing, of the manner in which I wish I may receive my pay.

Accordingly, I wish to receive my salary payments in the following manner:

- I wish to receive 21 Bi-weekly payments for the school year.
- I wish to receive 21 Bi-weekly payments of 1/26 annual rate each and one payment of 5/26 annual rate on the final school year payroll date.
- I wish to receive 26 Bi-weekly payments.

I wish to have the Gill-Montague Education Association and the National Education dues deducted from my pay in 18 consecutive payments beginning the first check in October.

I wish to mail my dues directly to the Association **by December 1, 2010.**

I am not a member of the Association **and will pay the service fee.**

Unless otherwise specified and authorized in writing by you at the time you submit this form, Federal and State withholdings for tax purposes will be in accordance with the current tax tables.

Signature _____

Date _____

Print name _____