



Gill-Montague Regional School District

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

To: Unit C 10 month 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 vacation scale or non-vacation scale 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 on the Regular Pay scale (pay scale A) for the school year. **Unit C members with fewer than 10 sick days**

_____ I wish to receive 21 Bi-weekly payments on the vacation scale (pay scale B) for the school year. **Unit C members with at least 10 sick days**

_____ 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 _____