

**DISTRICT OFFICES
SOUTH COLONIE CENTRAL SCHOOLS**

CHANGE FROM 22 TO 26 PAY PERIOD PLAN

Name _____ **School** _____
Social Security # _____

I elect to change from the 22 pay period plan to the 26 pay period plan for the next school year. I understand that this is for at least one school year and will remain in effect unless changed by me between May 1st and May 31st of each succeeding year.

Signature _____ **Date** _____