

LEON COUNTY SCHOOLS
2016-2017

TEACHER PAY SCHEDULE OPTIONS

PID: _____

NAME: _____

SCHOOL SITE: _____

IF YOU DO NOT WISH TO MAKE A CHANGE, *YOU SHOULD NOT COMPLETE A PAY OPTION FORM* . YOUR PAY OPTION WILL STAY THE SAME FOR 2016-2017.

Please choose one desired pay schedule:

_____ 10 Month Pay Schedule (Pay Type 1)

_____ 12 Month Pay Schedule (Pay Type 6)

I understand that once I have made my choice, **I cannot change the pay schedule during the 2016-2017 school year.**

Employee Signature

Date

10 MONTH PAY SCHEDULE

12 MONTH PAY SCHEDULE

<p>September 16, 2016 October 14, 2016 November 15, 2016 December 14, 2016 January 17, 2017 February 15, 2017 March 15, 2017 April 14, 2017 May 15, 2017 June 15, 2017</p>	<p>*August 31, 2016 September 30, 2016 October 31, 2016 November 30, 2016 December 15, 2016 January 31, 2017 February 28, 2017 March 31, 2017 April 28, 2017 May 31, 2017 June 29, 2017 *July 27, 2017</p>
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*Benefits will not be deducted from these two checks.

HR USE ONLY:

_____ Changed

Entered by: _____

No Change

Date: _____