

LEON COUNTY SCHOOLS  
2017-2018

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 2017-2018.**

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 2017-2018 school year.**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
Date

**10 MONTH PAY SCHEDULE**

**12 MONTH PAY SCHEDULE**

|  |  |
|--|--|
| <p>September 15, 2017<br/>October 16, 2017<br/>November 15, 2017<br/>December 14, 2017<br/>January 16, 2018<br/>February 15, 2018<br/>March 15, 2018<br/>April 16, 2018<br/>May 15, 2018<br/>June 14, 2018</p> | <p>*August 31, 2017<br/>September 28, 2017<br/>October 31, 2017<br/>November 30, 2017<br/>December 14, 2017<br/>January 31, 2018<br/>February 28, 2018<br/>March 30, 2018<br/>April 30, 2018<br/>May 31, 2018<br/>June 28, 2018<br/>*July 30, 2018</p> |
|--|--|

\*Benefits will not be deducted from these two checks.

**HR USE ONLY:**

\_\_\_\_\_ Changed

Entered by: \_\_\_\_\_

No Change

Date: \_\_\_\_\_