

NOTE: PLEASE SAVE A COPY OF THIS FORM BEFORE COMPLETING IT!!!



SPRINGFIELD PUBLIC SCHOOLS-SPRINGFIELD , MASSACHUSETTS

ELECTION TO DETERMINE RECEIPT OF PAY (TEACHERS, PARAPROFESSIONALS, AND NURSES ONLY)
Salary Deferral Program

I, _____ have elected to have the Springfield Public Schools
adjust my pay period option as follows:

PLEASE CHECK ONLY ONE

Adjust my 22 pay period option to the 26 pay period option.

Adjust my 26 pay period option to the 22 pay period option.

I understand this election applies only to my base pay. It does not apply to amounts
paid on any supplemental payroll (ex. workshops and summer pay).

I understand that this election is irrevocable without exception during the school year.

I understand if I terminate my employment before the final pay period, I will receive a
full payout for days worked.

I understand it is my responsibility to contact my tax advisor for any tax implications.

I understand payroll deductions such as healthcare costs, union dues, etc., will be
deducted over 22 paychecks, not 26 paychecks.

Employee ID: _____

School/Worksite: _____

Printed Name: _____

Date: _____

**NOTE: Please email the completed form to spsshr@springfieldpublicschools.com. This form must be received
before July 31st by the Springfield Public Schools Human Resources Department in order to comply with IRS regulatio
However, employees who begin employment after the start of the school year will not be eligible to enroll unless
they are a new employee who commences employment before the start of the school year.
Employees, who start employment after the school year begins, are not eligible.**