



Port Jervis

SCHOOL DISTRICT

Central Administration – Business Office
9 Thompson Street
Port Jervis, New York 12771
Phone (845) 858-3100 X15537
Fax (845) 858-3187

Pay Period Election Form

The undersigned hereby elects that his/her salary for the _____ school year shall be paid as follows:

_____ 22 Pay Periods

_____ 26 Pay Periods

Date: _____

Member Name: _____

Member Signature: _____

This form must be filed with the district at the business office no later than August 15th of each school year. The district is not obligated to solicit this information. It is further understood that unless a member wishes to change a current election, a form does not need to be filed.