



PAYROLL INFORMATION FOR THE 2021-2022 SCHOOL YEAR

PLEASE RETURN THIS FORM BY EMAIL to jarinaldi@ctreg14.org by June 18, 2021

Name: _____ School: _____

Email: _____

_____ I do not need to make any changes for the 2021-2022 School Year Date: _____

*****For 10 Month Teachers ONLY-Payroll Options (check one)**

_____ Your salary paid in 21 checks of equal value.

_____ Your salary paid in 20 checks of equal value and 1 check equal to 6 pays. (Balloon Check)

_____ I would like to make a change to my HSA Contribution per paycheck (Employee Amount)\$ _____