

PAYROLL DEDUCTION INFORMATION FOR THE 2019-2020 SCHOOL YEAR

PLEASE RETURN THIS FORM BY EMAIL to jarinaldi@ctreg14.org by June 7, 2019

Name: _____ School: _____

Address: _____ Phone: _____ Listed _____ Unlisted _____

Email _____ Other Phone: _____

_____ I do not need to make any changes for the 2019-2020 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) \$ _____

If you'd like to make changes to any of the following forms please check off and submit new forms:

_____ Direct Deposit

_____ Tax Sheltered Annuity (403B)

_____ Life Insurance (Beneficiary Change)

_____ Federal Tax Deduction

_____ State Tax Deduction

_____ CT Teachers' Retirement – Voluntary

_____ Health Enrollment Form

_____ Dental Enrollment Form

Payroll Schedule 2019-2020