

# **SCHOOL DISTRICT OF WESTFIELD**

N7046 Cty Road M

Westfield, WI 53964

PH: 608-296-2141 ◾ FAX: 608-296-2938

**SUMMER PAY AUTHORIZATION**

 (Select one)

1. **balance of contract paid on the last day of the school year**

**(LUMP SUM OPTION)**

1. **payments bi-weekly throughout the summer**

**(12 MONTH PAYROLL OPTION)**

I understand that this authorization will be in place and enforceable throughout my employment with the School District of Westfield, until or unless (a) I revoke this authorization, in writing, (b) the District decides to eliminate the 12-month payroll as an option for employees, or (c) such an authorization is no longer legally enforceable, whichever occurs first.

I also understand that this authorization form will be retained in my personnel file.

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to the District Office prior to May 15th.

Thank you.