

WTA

PAYCHECK OPTION

School Year _____

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Print Name (Required)

Employee number (Required)

******* No change is necessary if you are already enrolled in your plan of choice*******

Would like to enroll in the following:

26 Equal Pays Payment Plan Sept thru Aug [B702/1820]

22 Equal Pays Payment Plan Sept thru June [B700/1540]

- The Payments are calculated based on your School Contract Salary
- All Deductions will be scheduled according to your Union Contract

This Form must be received by the HRIS Department no later than **July 30th** for this school year. No changes will be made after August 15th but will be applied to the following school year.

HRIS Department
236 Grand Street, Room 214
Waterbury, CT 06702
Fax: 203-574-8087 Phone: 203-346-3530
Email: lwebb@waterburyct.org

Employee Signature: _____ Date: _____

Entered HRIS: _____

Date: _____